STATE OF MARYLAND 058827/ DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH DAY 2b. HOUR TTYPE OR PRINT M 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR UNDER 24 HRS MONTH & BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** (STATE OR FOREIGN MARRIED . NEVER MARRIED COUNTRY) WIDOWED DIVORCED MD. ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY 130. STATE 136. COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUF TO OR S A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ō PART 2 QIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION M-e 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES NO [transit I Hygie 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CAL (IF EITHER, NOTIFY MEDIC AL EXAMINER) P.M 5 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) morked NOT WHILE AT WORK 220. I certify that (I) (this haspital) attended the deceased from, sow the deceased alive on ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. S DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF * be deto FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS ld be 4 0 23a. BURIAL CREMATION. 250. DATE REC'D. BY REGISTRATE DHMH - 16 60M 7/B4 (VRA 15, 4)

LAIA LE E E EN LA EXNEPALIS A.A. CLARCEPLE DO COCK I WE WAS - Zenoz Januar Janaba Joseph BR Sharmon 22 of amount 4 god god by the Time of 2 & State of the Both with a comment with the same that the same of the

| of mon and | | | | STATE OF MARTLAND | | | |
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| | LDEC | REGISTRAR EASED NAME FIRST | MIDDLE | LAST | REC 2a. DATE OF DEAT | G. NO. | YEAR 26. HOUR |
| £ # | (TYPE C | PR PRINT) | 2 1 | | 6 | 8.87 | 1826 |
| poge 3 r death | 3. SEX | LIEIEN | 4. RACE | S. DATEOABIRTH | 6. AGE (IN YEARS LA | | ER 1 YEAR IF UNDER 24 HRS |
| offe | J. OLK | Female | White | MONTH DAY | YEAR 53 84 | YRS. | DAYS HOURS MIN. |
| \$ 0 /s / | | THPLACE STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MAR | RIED 9 BALTIMORE CIT | TY OR COUNTY OF DE | ATH |
| funeral thin 72 h | Ne | WJersey | LUSA | WIDOWED DIVOR | CED Hnne | Arunde | MD. |
| with with | +9 CIT | Y OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | TION 128 USUAL OCCU | PATION 12b. OST OF WORKING LIFE) IND | KIND OBBUSINESS OR |
| the of the | H | nnapolis | Hone Arundel G | eneral Hospi | tal Ketir | èd Sc | bool Teacher |
| filled or muser b | 13a. S1 | ATE 136 COUN | OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13. CITY OR TOWN | N . 13d. INSIDE CITY I | | - 01 | 199999 |
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| a point | 5 | | MIDDLE A LAST | FIRST | MIDE | " Flah | NAT A |
| | 16a W | AS DECEASED EVER IN U.S. AR | MED FORCES? 16b. SOCIAL SECU | RITY NO. 17. INFORMANT | | DDRESSEL | 70 66 |
| Poges Poges | (41 | S NO OR UNKNOWN) (IF YES, GIV | (E WAR OR DATES) 140-30- | 199 Margay | cet Mac Gloo | in Annapoli | is MUZIUM3 |
| | | IL CAUSE OF DEATH (Enter or | aly one cause per line for (a), (b), and | lics) | 1 4 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| a physicio an popers emaval. event, th | | | nly one cause per line for (a), (b), and D BY: TE CAUSE (o) | ardra a | ener | 201 | |
| carba carba , or re | | WWWEDW | DUE TO, OR AS A CONSEQUE | Ntegae 1.10 | | 1011 | |
| otten ation, roum | | Canditions, if any, which | ((b) | THOLOG | | | |
| the or remore remote her tro | | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | | |
| d by leose ial, c ar atl | | underlying couse lost. | (c) | | | | |
| The place of the oriental the burial, cremation, or relation, or a injury, or other traumotic | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO D | DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE OR | CONDITION GIVEN IN | PART lia |
| prior 1 | ATI | 90 DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORM | ED 200 AUTOPSY? | | E FINDINGS USED |
| rgiene p | CERTIFICATION | | | | YES NO | | CAUSES OF DEATH? |
| burial-transit pe Mental Hygiene or Item 18 shows | E E | 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY HOUR A.M. MONTH DA | | Y OCCURRED (ENTER NATURE O | FINJURY IN ITEM 1B PART I OF | RPART 2) |
| e os the burial-trar alth and Mental Hy morked or Item 18 | N N | OR CONTRIBUTING CAUSE OF DE. | ain . | 19 | 7 | 2 | 189 |
| d Me | MEDICAL | 21d INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F. | 211 LOCATION STREET | CITY | OR TOWN CO | DUNTY STATE |
| h on hor | > | WMILE NOT WHILE AT WORK | The state of the s | 01 | Q A | de | |
| realt realt s mo | | 22a. I certify that (1) (this hasp | | 18 | 1966 to 0 | T9 | . the (we) last |
| of h | | saw the deceased alive or above, (1) (we) told () (all no | view the bady ofter death. | | r) opinian death occurred an t | | |
| Hute Dept. | 9 | TAIGNATURE | 0 # 1 × | DE GREE | NDINGAEDICAL | STAFF 22 | 21. DA ESIGNED |
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| 9333 | 23a B | JRIAL, CREMATION, REMOVAL | 23b. DATE 23c. N | IAME OF CEMETERY OR CRE | MATORY 23d. LOCATION | | |
| 99 | 9 | SU CLAD | June 12.1987 G | ean Comem | Park Toms | River Oc | cean NJ |
| 60M, 7/84 | 24. 50 | NERAL DIRECTOR | ADDRESS | | 25g. DATE REC'D. BY REGIST | TRAR 736 REGISTRAR S | SIGNATURE |
| 5, 4) | 10 | ylor tuneral | Chapel-Annap | olis, MD | JUN 1 1 1987 | Julia Dande | S. Caranas |
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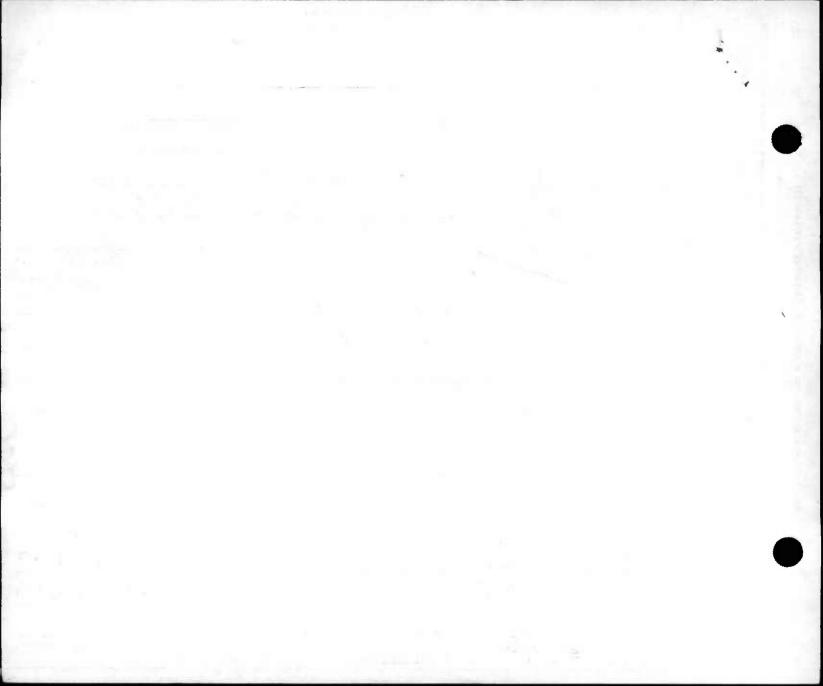
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | REG. NO. | |

| STAT | E | | CERTIF | ICATE OF DEATH | 8 7 REG. NO. | 5 / | 0 2 | j v |
|----------------------|--|--|--------------------------|-----------------------------------|---|--------------------|-------------------|--------|
| 1. DECE ASE | | MIDDLE | | LAST | 20 DATE OF DEATH MONTH | DAY YEA | 26. HOUR | |
| (TYPE OR PRIN | Clara | NMN | Arbo | gast | June 18, 19 | 987 | 3 | AM. |
| 3. SEX | | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 Y | EAR IF UNDER 24 | HRS |
| Fema | ale | White | | 31, 1908 | 79 _v | rs. | ATS HOOKS A | MI III |
| | ACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT C | OUNTRY? R | D NEVER MARRIED | 9 BALTIMORE CITY OF COL | | d | |
| | ton, WVA | USA | WIDOW | | Anne Arundel | County | | MD. |
| | TOWN OF DEATH | 11. NAME OF HOSPITA | L, NURSING HOME | OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 126 KIN | D OF BUSINESS | |
| Anna | polis | Anne Arune | | l Hospital | Homemaker | | n home | |
| USUAL RES | IDENCE (IF NURSING HOME) | OR OTHER INSTITUTION GIVE RESI | DENCE BEFORE ADMISSION) | | | | 1 Home | _ |
| 130 STATE | Otte | | v Citv | 13d. INSIDE CITY LIMITS? YES NO X | 13e.STREET ADDRESS / ZIP (22-11 Bayside | | 21666 | |
| FATHER' | | och mine Da | | 15 MOTHER'S MAIDEN N. | AME | DIIVC | .1000 | |
| Par | trick | Rain | LAST | Laura | V. | Tor | LAST | |
| - | ECEASED EVER IN U.S. A | | CIAL SECURITY NO. | 17 INFORMANT | ADDRESS | | nbert 6 6th Av | |
| | | IVE WAS AND DATED! | 9-22-1864 | | litt (daughter | | | |
| | | | | maxane crame | olitt (daughter | | | |
| 18 C | AUSE OF DEATH (Enter of ART I. DE ATH WAS CAUS | only ane cause per line for | a), (b), and (c) | TARRAT | | BETW | PROXIMATE INTERVA | ATH |
| | | ATE CAUSE (a) | esp: c | WWW. | | | | |
| | | DUE TO, OR AS A | NSFOUENCE OF | anda | | | | |
| | ditions, if any, which | ((b) | CH | cour | | | | |
| cous | e rise to immediate se (a), stoting the | stoting the DUE TO, OR AS A CONSEQUENCE OF | | | | | | |
| unde | underlying couse lost. | | | | | | | |
| | 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBL | ITING TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | N GIVEN IN PAR | Tilra | |
| o No | | | | | | | | |
| CERTIFICATION 19a. D | ATE OF OPERATION | 196 CONDITION FO | OR WHICH OPERATIO | N WAS PERFORMED | | IF YES, WERE FIN | | 2 |
| Ē | | | | | YES NO | YES | NO [| |
| ₩ 21a. / | ACCIDENT WAS UNDERLYING | | | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJURY IN ITE | M 18 PART TOR PART | 12) | |
| | ONTRIBUTING CAUSE OF D | CALD | ONTH DAY YEAR | | | | | |
| 9 | NJURY OCCURRED | 21e PLACE OF INJU | RY | 211 LOCATION | | COUNTY | y STAT | _ |
| × week | AL WORK | (AT HOME STREET, FACT | ORY, OFFICE, FARM, ETC.) | STREET | CITY OR TOWN | COUNTY | SIAI | I E |
| | 7 | pital) attended the decea | red from | 10 8 | 1 6/14 | 100 | thot/II)(we | last |
| - 1 | aw the decrosed alive a | 0117 | 19 87 | nd that in my your apinia | n death accurred on the date on | d hour and from | | ed |
| | SIGNATURE | not view the bady after de | oth. | DEGREE | | | ATE SIGNED | |
| 220. 3 | 1 Smil | hold. | | ATTENDING | MEDICAL STAFF | 1. | 0-18-8 | 87 |
| 0 | Ulin | auco | | PHYSICIAN (| DIRECTOR PHYSICIAN | | 7 0 | |
| 22d. P | HYSICIAN'S NAME LIVE | ORPRINT | | 11e ADDRESS | Maintes | 0 15 | 041.10 | 00. |
| | MIDIO |) W. H. | | 1,102 0 | כטיוועעיי | AUE | HUNH | 1104 |
| 230. BURIAL | , CREMATION, REMOVA | L 23h DATE | M. NAME OF | CEMETERY OR CREMATORY | 23d LOCATION | COUNTY | STAT | TE |
| Buria | | 22 June 19 | 987 Glen H | aven Mem. Pk. | Glen Burnie | e_AA | MD |) |
| | L DIRECTOR | PV.74 | | 25a DA | ATE REC'D. BY REGISTRAR 256 RE | | NATURE | LS+ |
| Sing | gleton Funr | nel Home Gle | n Burnie, | MD | JUN 23 1987 8 | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)



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| H-1 | 1.7 | FOR STATE REGISTRAR | | | DEPARTN | | EALTH AND MENTAL HYO ICATE OF DEATH | 8 /REG. N | 0. 5 | 5/(| 3 |
| - | | OR PRINT) | FIRST | ^ | MIDDLE | Į. | AST | Za. DATE OF DEATH | MONTH DAY | YEAR 2 | HOUR 3 |
| | | OK, KUTI, | Ne | il E1 | wood | Arne | ette | | 6/30/8 | 87 2 | :20P M |
| | 3. SEX | (| | 4. RACE | | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS LAST BIR | | | FUNDER 24 HRS |
| | | Male | | Cau | casian | 1 1 1 | 16 16 | 70 | YRS. | | |
| 20 | | RTHPLACE (STATE OR F | OREIGN | | WHAT COUNTRY? | 8. MARRIEI | NEVER MARRIED | 9. BALTIMORE CITY C | _ | FDEATH | |
| C | | rth Carol | | USA | | WIDOWE | D DIVORCED | Anne Ar | | | MD. |
| 15 | 10. CI | TY OR TOWN OF DEA | TH | | HEACHTY, GIVE STREET A The Paul | | OR OTHER INSTITUTION | 17a USUAL OCCUPATI | | 12b. KIND OF E | |
| 24 | 11400 | Laurel AL RESIDENCE (IF NURSI | 100000000000000000000000000000000000000 | | | | reet | Retired | · | Lumbe | r CO |
| 3 | 130. S | | 13b. COUN | | Laurel | | 13d. INSIDE CITY LIMITS? YES NO 2 | 13-STREET ADDRESS | Paula | a St. | 20707 |
| 20 | 14. FA | THER'S NAME Veii | , | MIDDLE | rnette | | Maggie | WIDDLE | | Carry | er |
| | 16a W | AS DECEASED EVER | | | 166 SOCIAL SECU | | 17. INFORMANT | ADDRI | | | |
| | 3 | yes ! | 942- | 1945 | 238-07- | 0254 | Mary M. A. | nette sa | me as | 13e | |
| | | 18 CAUSE OF DEAT | H (Enter on | ly one couse per | line for (a), (b), and | f (c1.) | * | | | APPROXIMA BETWEEN ON | TE INTERVAL SET AND DEATH |
| | | PART I. DEATH W | IMMEDIAT | E CAUSE (0) | METASTA | nc | DISEASE | | | | |
| | | | | DUE TO, OF | R AS A CONSEQUE | NCE OF | | ^ | | Qin t | |
| | | Conditions, if ony, gove rise to imm | | (b) | CARCINE | AM | LUNG + | PEOSTATE | | 186 6 | r present |
| | | couse (a), statin underlying couse | g the | DUE TO, OF | R AS A CONSEQUE | NCE OF | | | | | |
| | z | PART 2. OTHER SIGN | NIFICANT C | | INTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN | IN PART 110 | |
| | ATIO | 19g. DATE OF OPERAT | ION | 19h CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20g. AUTOPSY? | 20h JE YES V | VERE FINDING | SUSED |
| 7 | CERTIFICATION | | | | | O' EKATIO | | YES NO | IN CERTIFYIN | NG CAUSES OF | |
| 1 | | 21a. ACCIDENT WAS UND | _ | 110110 4 | FINJURY M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 1B PART | I OR PART 2) | |
| 7 | MEDICAL | (IF EITHER, NOTIFY MEDIC | | | | 19 | AV LOCATION | | | | |
| / | MED | 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR | ILE 🗀 | 21e. PLACE ((AT HOME, STR | DE INJURY EET, FACTORY, OFFICE, FA | ARM, ETC.) | 21f. LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| | | 22a I certify that (1) | | | e deceased from | | , 19 | , to | . 19. | | ot (I) (we) last |
| | | saw the decease above, (1) (we) (c | | | after death. | | nd that in (my) (aur) apinion | death accurred on the d | ate and hour or | | |
| | | 226. SIGNATURE | 300 | | | | DEGREE ATTENDING | MEDICAL STA | FF | 22c. DATE SIG | |
| | | 27d PHYSICIAN'S NA | du | | | | PHYSICIAN | DIRECTOR PHYSIC | IAN 🗌 | 1011 | 87 |
| | | | (| deLima | , M.D. | | 14201 Lau | rel Pk. D | r. #10 | 0, Lau | urel, MD |
| | 23o. B | URIAL, CREMATION, | REMOVAL | 23b. DATE | 23c. N | IAME OF C | EMETERY OR CREMATORY | 23d LOCATION | THE | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other traumotic event, the medical exam

Funeral Home, Inc. Laurel, Md. 2070 D2 187

the wife the first which will all the

fral director, page 3 72 hours ofter death

executed within 24 hours after death. Page 4 may be

| STATE OF MARYLA |
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| DED A DESIGNATION OF THE ALLE AND ALLE |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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| 1 | REG. NO. | | |

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| 0 | J7- FOR STATE REGISTRAR | DEPA | ARTMENT OF H | EALTH AND | | IENE 8 | 7000 11 | . 1 | 5 | 1 | O ET | 4 |
|---|---|--|--------------------------------|---------------|-----------------------|--------------|---|--------------------------------|-------------|--------|----------------|----------------|
| i | 1. DECEASED NAME FIRST | MIDDLE | ı | AST | | 20. DATE OF | F DEATH | MONTH I | DAY Y | EAR | 2b HOU | IR (|
| | CLARENCE | PALMER | ARNO: | LD | SR | JU | NE | 29. | . 198 | 37 | 121 | PM |
| | Male Male | White | Sept | H DAY | 906 | 6. AGE (IN) | YEARS LAST BIRT | | MONTHS . | DAYS | HOURS | 24 HRS MIN. |
| | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76. CITIZEN OF WHAT COUNT | TRY? 8. MARRIE WIDOWE | D NEVER | MARRIED VORCED | | | RUNDEI | | | | MD |
| | 10. CITY OR TOWN OF DEATH GLEN BURNIE | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S NORTH ARUND | | | TITUTION | (TYPE OF WOR | occupation | F WORKING LIF | FE) INDU | STRY | BUSINE ry D | |
| 1 | | NTY 13c. CITY OR 1 | BEFORE ADMISSION) TOWN Buriale | 13d. INSIDE (| NO 🛚 | | | / ZIP CODE /enue | | 210 | 61 | |
|) | 14 FATHER'S NAME FIRST Richard | MIDDLE LAST | old | Em | s maiden na/ eline | | MIDDLE | | | Cha | | |
| 1 | | IVE WAR OR DATES) | 1.0387 | | M. Arno | | ADDRE | | ame a | s# | 13 | |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSE | ent, | reut. | (0) | oby co | ordi | ۇ | | | | |
| | | conditions contributing | TO DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEAS | 0 0 | DITIONGIV | LY NA | RT IIa | | |
| 1 | 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING [| 196. CONDITION FOR WI | HICH OPERATIO | N WAS PERFO | DRMED | 20a. AUTO | NO[] | 20b. IF YES IN CERTIF YE | | | | H? |
| | OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH | DAY YEAR | | IJURY OCCURE | RED (ENTERNA | TURE OF INJUR | RY IN ITEM 18 P | ART I OR PA | RT 2) | | |
| | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | FICE, FARM, ETC) | 211 LOCATI | | | CITY OR TO | wN | COUN | ity | S | TATE |
| | | oital) attended the deceased from the control of th | | DEGREE | (our) opinion of | MEDICAL | STAF | ote and hou | or and from | | | |
| | 22d PHYSICIAN'S NAME (TYPE BASANT K K | ORPRINT) HANDELWAL M D | | 22e. ADDRES | FN BURN | 22 BAL | TIMORI ARYLAI | | | IS B | ELVĎ. | • |
| | 230. BURIAL, CREMATION, REMOVA | | 23c. NAME OF C | EMETERY OR | CREMATORY | 23d. LOCA | | | A COUNTY | | MÍ | TATE |

DHMH - 16 60M 7/84

marked ar Item 18 shaws any injury, ar ather traumatic event, the

MPORTANT: If Hem 21 is

should be detoched for use as the burial-transit permit. Then please remove carbanaaps with the State Dept. of Health and Mentol Hygiene prior to burial, cremation, or remova

TO FUNERAL DIRECTOR. After this certificate has been signed by the

TO HOSPITAL OR ATTEN

BP

(VRA 15, 4)

Buria! 24 FUNERAL DIRECTOR Singleton Funeral Home

1987 Glen Haven Mem. Park

Glen Burnie

A A co. Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Glen Burnie, Maryland JUL 02

PORT OF THE PROPERTY OF THE PARTY OF THE PAR all the state of the state of allerthe.

completely filled in by the funeral director, page 3 . 1 ond 2 should be filed within 72 hours after death

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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the laten should be detoched for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremofran,

executed within 24 hours ofter death. Page 4 may be

oth certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| Q | 1 | |
| - | REG. NO. | |

| REG. N | 10. | 5 | 1 | 0 | 5 |
|----------|-------|-----|------|--------|----|
| OF DEATH | MONTH | DAY | YEAR | 26. HC | UR |

| b | 4/ | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO | 5 / | US |
|---|---------------|---|--|--|---|---|-------------|
| | | OR PRINTS | WIDDLE . | BAGBY | 20. DATE OF DEATH | MONTH DAY YEAR | 26. HOUR 17 |
| - | 3. SEX | MALE | RACE WHITE | 5. DATE OF BYRTH | 6 AGE (IN YEARS LAST BIRT | | HOURS MIN. |
| | 70. BII | PUNITY) PUNITY) PLASH DC. | L. S.A. | * MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY O | RECOUNTY OF DEATH | _ ME |
| 5 | A | TY OR TOWN OF DEATH | A.H. GENERI | AL HOSPITAL | 120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF | WORKING LIFE) INDUSTRY | BUSINESS OR |
| 1 | 130 | TARTLAND /4.14. | | TOEST YES NO A | 518 LITTLY | ZIPCODE HILL | 21405 |
|) | 14 FA | DWARD & | POLE BAGBY | 15. MOTHER'S MAIDEN | INIA MIDDLE | GRIA | 423 |
| | | PAS DECEASED EVER IN U.S. ARM EVEN OF UNKNOWN) I EVES GIVE U.S. ARM I EVES GIVE U.S. ARM | MED FORCES? 166 SOCIAL SECTION OF THE STATES! 578-54- | URITY NO. 17 INFORMANT 3428 BARBARI | A SCHNAB | EL-Sherwood | rovest M |
| | | PART L DEATH WAS CAUSED | one couse per ine for the are BY CAUSE (a) | Cardiae & | Death, | APPROXIM BETWEEN OF | Min |
| | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, GRASA CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) | re congistal | re Heartfa | ilure y | eus |
| | NOI | PART 2 OTHER SIGNIFICANT OF | and Lan | DEATH BUTNOT RELATED TO THE T | J - 4 | Semu de: |) |
| 7 | CERTIFICATION | 19a Date of Operation | U | H OPERATION WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES | |
| | MEDICAL CE | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) | P.M. | DAY YEAR 19 | CURRED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR PART 2) | Sit. |
| | MED | ZIG INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, | 1000 | PARA | NN COUNTY | STATE |
| | | spw the deceased alive on above. (we) (did) (did not) | ottended the deceased from view the body after death. | and that in (my) (****) Opin | , to, to | ite and hour and from the co | |
| | | 276 PHYSICIAN'S NAME (TYPE OR | keloum | DEGREE ATTENDIN PHYSICIA | MEDICAL STAF | FIAN DELLE STATES | 8-87 |
| | | PETER F.V | ERKOUW | 1833 hore | est Dr. An | uapolisha | 121401 |
| | | DECIFY) | 1 1 4 4 6 9 1 | NAME OF CEMETERY OR CREMATO | RY 23d. LOGATION | VET ON COUNTY | DISTATE |

DHMH - 16 60M 7/84

(VRA 15, 4)

24. FUNERAL DIRECTOR HOR FUNEWAR CHAPER ANNAPORES MD

JUN 25 1987 JUN 25 1987

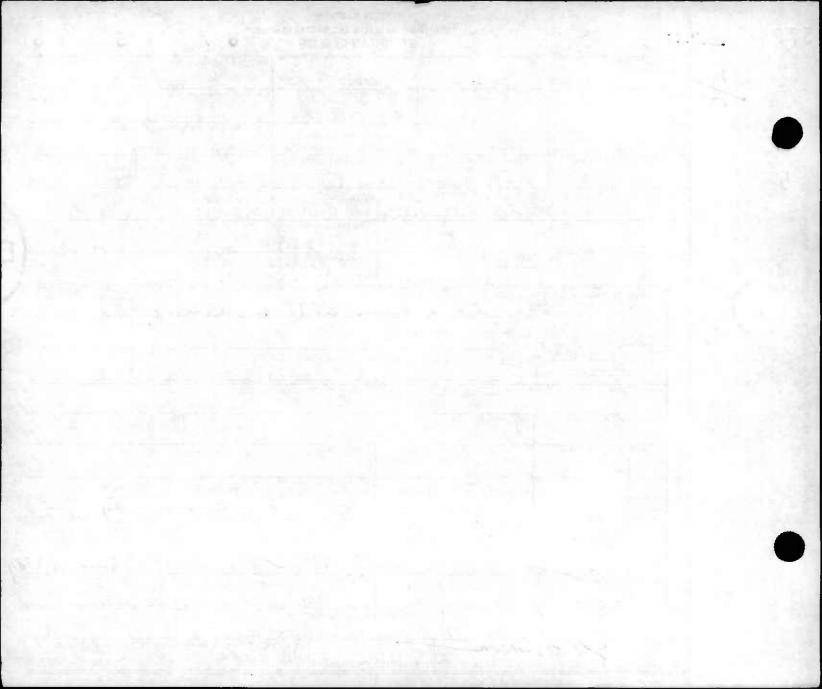
Mississife the presence of them to be consensed . (1.3.3) The state of the first that the same that the same of The state of the s

| 8 | REG. NO. | 1 | 5 | 1 | 0 | 6 |
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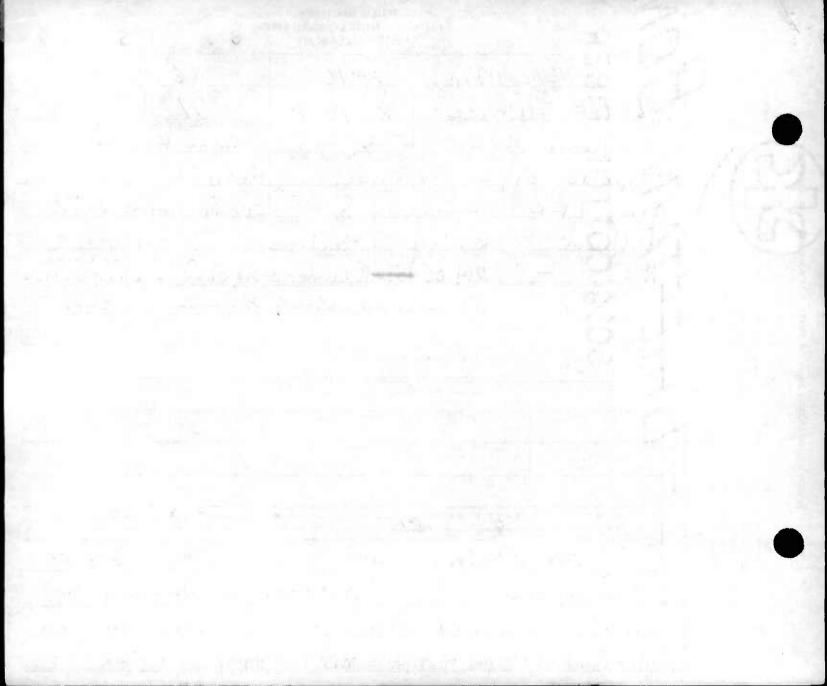
| 1 | FOR STATE REGISTRAR | | DEPARTA | | EALTH AND MENTAL HYG | IENE 8 7 | 15/ | 0 6 |
|---------------|---|----------------------------------|--------------------------------------|------------|------------------------------------|---|---------------------------------------|-----------------------------------|
| | ECEASED NAME FIRST | | MIDDLE | t/ | AST | 20. DATE OF DEATH MONTH | DAY YEAR | 2b HOUR I |
| / ITY | James | R | yland | Ba | reford | Iuna | 20, 1987 | 9:45 |
| 3. 5 | | 4 RACE |) Lana | 5. DATE O | | 6 AGE (IN YEARS (AST BIRTHDAY) | IF UNDER 1 YEAR | F UNDER 24 HRS. |
| | Male | | White | Oct | 11, 1908 | 78 YRS | MONTHS DAYS | HOURS MIN. |
| , Jo. 8 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF | WHAT COUNTRY? | 8. | NEVER MARRIED | 9 BALTIMORE CITY OR COUN | TY OF DEATH | |
| 1 | Virginia | USA | | WIDOWE | | Anne Arundel | Co. | M |
| 10.0 | CITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | R OTHER INSTITUTION | 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 126 KIND OF | Rever |
| N | Millersville | 793 S | pringdale | Driv | e | Tool & Die | _ | & Copp |
| 30 | UAL RESIDENCE (IF NURSING HOME O STATE 13b COU Maryland A | ROTHER INSTITUTION NTY Co. | 13c. CITY OR TOW Millers | N | 13d INSIDECITY LIMITS? | 13e STREET ADDRESS / ZIP CO 793 Springdal | DE | |
| 14 F | FATHER'S NAME | 70-1 | | | 15. MOTHER'S MAIDEN NAM | ΛE | C DIIVE | 21100 |
| | James | WIDDLE | Baref | ord | Pirst | WIDDLE | F11- | iott |
| | WAS DECEASED EVER IN U.S. A | | 16b SOCIAL SECU | | 17. INFORMANT (Wife | ADDRESS | 1511. | LULL |
| | | VE WAR OR DATES) | 216.10.9 | 3 - 2 | Estelle O. Ba | | e as #13 | |
| F | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | | | | | arerora bank | | MATE INTERVAL |
| NO | PART 2. OTHER SIGNIFICANT | CONDITIONS CO | DNTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION G | GIVEN IN PART 110 | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATION | N WAS PERFORMED | IN CER | YES, WERE FINDING TIFYING CAUSES O | |
| 4 | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A. | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM 1 | 8 PART 1 OR PART 2) | |
| MEDICAL | 21d INJURY OCCURRED | 21e. PLACE LAT HOME ST | OF INJURY REET, FACTORY, OFFICE F | ARM, ETC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| 1 | AT WORK AT WORK | 1 15 44. 1 1-14 | | 100 | 0 00 | Jac 20 | 100 | |
| | 22a I certify that (1) Ahis hosp sow the deceased alive of above (1) (we) (did) (did no | | | Py, an | d that in my (our) opinion o | leoth occurred on the date and hi | | hot ([[] (we) la: ouses stoted |
| | 22b. SIGNATURE | art siew the nody | oner deom. | 1 0 | DEGREE | | 22c. DATE S | SIGNED |
| | () | | 1 | N | | MEDICAL STAFF DIRECTOR PHYSICIAN | Fun | e 22/ |
| | 224 PHYSICHASES MAME (1995) | DR PRINTS | 0 | | 226 ADDRESS 7845 (| Dakwood Road | | |
| | Dr. Charles | J. Wu, | M.D. | | Glen | Burnie, Marylan | d_ 21061 | |
| 230 | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | | | EMETERY OR CREMATORY Park Cemetery | 23d LOCATION CITY OR TOWN Baltimore | COUNTY | STATE |
| 24 F | FUNERAL DIRECTOR | Dall 24 | 1707 10 | auon 1 | | REC'D. BY REGISTRAR 256, REGI | STRAR'S SIGNATI | Maryla |
| | NAME / | Home | ADDRESS Primary | io M | | 23 1087 | DIRECT RE | 605F errene |
| 191 | ngelton Funeral | nome (| ren Burn | ie, Ma | aryland | -0 19/1/ | | |

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.



| 8 | 1 | tem #16b., G-629 | , by Med. Ex., | / G STATE OF MARYLAND | | |
|---|---------------|--|--|---|--|--|
| 7 8.8 0 JUN 26 | W | FOR 7/11/87, STATE 7/11/87, REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | YGIENE 8 / REG. NO. | 5 7 0 7 |
| y be ge 3 death | | CEASED NAME FIRST EOR PRINT) | VE March | BASIL | 2g. DATE OF DEATH MONTH | DAY YEAR 26. HOUR |
| Page 4 may be director, page 3 hours after death | 3. SE | FEMALE | White | 5. DATE OF BIRTH MONTH DAY YEAR 15 | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| deoth. | | IRTHPLACE (STATE OR FOREIGN 76 COUNTRY) 2.00 SULVAN A ITY OR TOWN OF DEATH 11 | US A | MARRIED NEVER MARRIED WIDOWED DIVORCED NO OTHER INSTITUTION | | undel Mo. |
| ours after in by the filed with | A | AL RESIDENCE (IF NURSING HOME OR OTH | MENOT IN SUCH FACILITY, GIVE STREET HAY DOY THER INSTITUTION GIVE RESIDENCE BEFORE | Drive | THE OF WORK FOR MOST OF WORKING L | Civi Service |
| rtAND 2 thin 24 h | 130. | ATHER'S NAME | A Phna | 13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN N | 130 STREET ADDRESS ZIP COD | Avenue |
| cecuted with | 16a \ | WAS DECEASED EVER IN U.S. ARME | | Paul 17 INFORMANT | e ADDRESS II | rease. |
| SALTIMORE, ote be executoristican and compers. Pages 1 ral. t, the medical | | 18 CAUSE OF DEATH (Enter only | one cause per line far (a), [b), ar | 150 FWilmer | Basil Jr Anna | POOTES MUZINAS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ON ST., I | E | PART I. DEATH WAS CAUSED B IMMEDIATE C | | | To Coremena | 3403 |
| OI W. PREST That the dea the argument of the control or or other frounts or other frounts | Š | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | (b) DUE TO, OR AS A CONSEOU | ENCE OF | | |
| Signal from | Z | | NDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | RMINAL DISEASE OR CONDITION GI | VEN IN PART ITO |
| nas been ne permit. I ne prior i | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \) |
| ON OF VITAL YSICIAN: The ding physicio s certificate b voriol-tronsit Mental Hygie | | 2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. | AY YEAR | JRRED (ENTER NATURE OF INJURY IN ITEM 18 | |
| DIVISION DING PHYS ar ottendin After this ce os the bur alth and Me marked ar b | MEDICAL | 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I | EARM, ETC } 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| OR ATTENDIN e hospitol ar DIRECTOR: Af oched far use o Dept. of Health | | 22a I certify that (I) (this hospital) sow the deceased alive onabave, (I) (we) (did) (did nat) v | 6 198 | | on death occurred on the date and ha | |
| by the hore by the hore bedenoche State Dep | | 226. SIGNATURE | Machin | | MEDICAL STAFF DIRECTOR PHYSICIAN | 6-18-87 |
| TO HOSPITAL OF TO FUNERAL DISHOULD BE Should be detoo with the State DIMPORTANT. If | 22 | John Jacks | No. | 120e ADDRESS 1833 FEW | Est Dr. House | poles Md |
| BP | | SURIAL, CREMATION, REMOVAL SEC. (FY) SURVINE SURVEY SPECIFY SP | 236. DATE June 22, 1987 | St Mary 3 | ATEREC D. BY REGISTRAR 256. REGIS | TRAD'S SIGNATURE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | To | extor Funeral | Chapel-Ann | | WW25 4007 / | TRAK'S SIGNATURE |



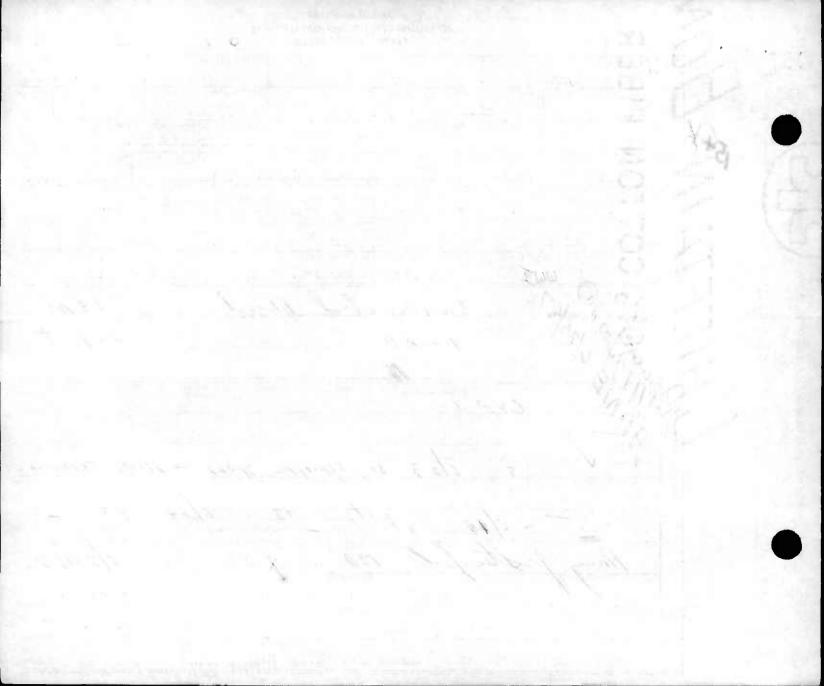
| 3 | REG. NO. | 1 | 5 | 1 | U | 8 |
|-----|----------|---|---|-------|---|---|
| 0.5 | DE LEU | | | 15.10 | | _ |

| | 1- | STATE REGISTRAR | | | DEPAK | | ICATE OF DEATH | 8 REG. N | . 1 5 | 1 | 08 |
|------|-----------|---|-----------------------|---------------------|----------------|----------------|---------------------------------|---------------------------|--|-----------|--------------------------------|
| Ħ | | CEASED NAME | FIRST | ٨ | AIDDLE | | AST | | MONTH DAY | YEAR | 26 HOUR ≠P |
| | 10. | | Lynn | P | . B | Bayly | Mr Sale | 6- | -24-87 | | 12:35 M |
| | 1. SE> | × | | 4 RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | THDAY) IF UND | ER 1 YEAR | IF UNDER 24 HRS |
| Ы | | Male | 20.00 | Whi | ite | 9- | 10-1907 | 79 | YRS. | T DATE | Mile. |
| 1 | | RTHPLACE (STATE OR | FOREIGN | b. CITIZEN OF | WHAT COUNTRY | /? 8 | D X NEVER MARRIED | 9 BALTIMORE CITY C | _ | EATH | MITS COLUMN |
| | | Missouri | | USA | | WIDOWE | | Anne Arur | ndel Co. | | MD. |
| X | 16. CT | TY OR TOWN OF DE | ATH. | | | | OR OTHER INSTITUTION | 120. USUAL OCCUPAT | | KIND O | F BUSINESS OR |
| | | Edgewater | | Pleasar | nt Livin | ig Conv | alescent Cent | er Salesma | | | ry Corp. |
| 5 | | AL RESIDENCE (IF NUR Md | 1136 COUN | | Shady S | | 13d. INSIDE CITY LIMITS? | 5206 Chesa | zip code apeake Av | re 2 | 0764 |
| × | 14. FA | THER'S NAME | 4 | AIDOLE | LAST | | 15. MOTHER'S MAIDEN NAM | WIDDLE | | LAST | |
| 9 | | Albert | Linco | | Bayly | | Anna | J. | Hanson | | |
| | Tán V | VAS DECEASED EVER YES, NO OR UNKNOWN) | | MED FORCES? | 166 SOCIAL SEC | CURITY NO. | 17. INFORMANT | ADDRI | SS | | |
| | (1 | Yes | W | | 494-03- | -3278 | Mildred C. Ba | yly | Same as | #13 | |
| 1777 | CIN CINC | Candinana if any apira nine ha in court a stark whellook cause | diate the last. | DUE TO, OF | R AS A CONSEQ | UENCE OF | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIVEN IN | 20) | ht |
| 2 | CERTIFICE | A COLEV | TION / | 196 CONDI | TION FOR WHIC | H OPERATIO | N WAS PERFORMED | 20¢ AUTOPSY? | 20b. IF YES, WER IN CERTIFYING YES | | |
| 3 | GE | 710. CCIDENT WAS UN | | 21b. TIME OF | | DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | RY IN ITEM IB PART I O | RPART 2) | |
| 7 | CAL | (IF EITHER, NOTIFY MED | ICAL EXAMINER) | 8 P./ | 11- | 3 15: | SYNLOPAL | TRELL - | + HEAD | 71 | CANNA. |
| | MEDICAL | 214 INJURY OCCUR | | 21e. PLACE (| OF INJURY | E, FARM, ETC) | 21f LOCATION | CITY OR TO | WN C | YINUC | STATE |
| 7 | * | WHEE D NOT W | HIS | | | | 1 | | | | |
| 7 | | 22s. I certify that (I | | . / 1 | deceased fram | 97 | 1978 | | 198 | | that (1) (we) last |
| 0 | | saw the deceas above, (I) (was | ed alive an | | alter death | | nd that in (my) (aux) apinian o | death accurred an the d | | | |
| 7 | | 276 SIGNATURE | 4/ | Ste | infe la | 11 | | MEDICAL STA | | 6/Z | 4187. |
| / | | 22d. PHYSICIAN'S | | PR(NT) | 1 | TEU I | 22e ADDRESS | : 1- D1 C1 | A O. 2 | 7.6-7 | 20764 |
| | | Harvey | J. St | einfeld | MD | | 6131 Shady S | | ady Side | MG. | 20/04 |
| | | BURIAL, CREMATION, (SPECIFY) Buri | | 23b. DATE 6-26-8 | | | eld Cemetery | Galles vil | Le AACo | Md. | STATE |

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Hardesty Funeral Home Annapolis, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIEN

| t | | | | | | |
|-------|----------|-------|-----|------|-------|----|
| 8 | REG. N | 10. | 5 | 1 | 0 | 9 |
| DATEC | DE DEATH | MONTH | DAY | YEAR | 2h HO | HR |

| F | REGISTRAR | | CERTIF | ICATE OF DEATH | 8 TREG. NO | 15/ | 0 9 |
|----|--|---|---------------------|------------------------------------|-------------------------------------|--|--|
| | DECEASED NAME FIRST TYPE OR PRINT) | MIDDLE | L | AST | 2a. DATE OF DEATH | MONTH DAY YEAR | 26 HOUR |
| 1 | WILL | IAM | BELFI | | JUNE | 19,1987 | 4:30P MM. |
| 3. | SEX | 4. RACE | 5. DATE O | | 6. AGE (IN YEARS LAST BIR | MONTHS DAY | AR IF UNDER 24 HRS |
| | MALE | WHITE | 03 | /10/1895 | 92 | YRS. | |
| 70 | BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COUN | ITRY? 8 | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY OF DEATH | |
| N | NEW YORK CITY | U.S. | WIDOWE | 37 | Anne Arun | del Count | Y MD. |
| | city or town of DEATH Glen Burnie, Md | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE North Arun | STREET ADDRESS) | s.Convsl.ct | | F WORKING LIFE) INDUSTE | oof BUSINESS OR RY |
| 1: | SUAL RESIDENCE (IF NURSING HOME O 34. STATE 136 COU Maryland Ann | NTY 13c. CITY OR | | TAPE NO | 13e STREET ADDRESS 708 Matta | zıp code wa Ct.Mi] | llersville |
| | I. FATHER'S NAME FIRST John | MDDIE Belfi | şī L | Angela | ME MIDDLE | UNK Md. | LAST 21108 |
| 16 | WAS DECEASED EVER IN U.S. AF | | SECURITY NO. | Stephen Di | essm an 4 | 49 Grana 4 a | MILLERS V Ct. OXIMATE INTERVAL EN ONSET AND DEATH |
| 3 | PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | (c)CONDITIONS CONTRIBUTION 196. CONDITION FOR W | | | INAL DISEASE OR CON | DITION GIVEN IN PART 200. IF YES, WERE FIN | DINGS USED |
| | 21d. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | ATH HOUR A.M. MONTH | H DAY YEAR | 21c HOW INJURY OCCURE | YES NOTE NOTE OF HUJU | YES [] | NO [] |
| | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C | OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | WN COUNTY | STATE |
| + | 22a. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE | ot) view the body ofter death. | _19 <u></u> | DEGREE ATTENDING PHYSICIAN | MEDICAL STA | Present to the present the pre | the couses stoted ITE SIGNED 5/19/87 Linthia |
| 2 | 30. BURIAL, CREMATION, REMOVA | 23b. DATE 6-22-87 | | EMETERY OR CREMATORY EW Crematory | Baltimor | e Baltim | ore Md. |
| 2 | 4 FUNERAL DIRECTOR NAME Hardesty | Funer a à Home | PRESS Annapo | | E REC'D. BY REGISTRAR UN 26 1987 | 25h. REGISTRAR'S SIGN | |

DHMH - 16 50M 4/83

(VRA 15, 4)

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etoined by the hospital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

| 5 | 1 | | EDI | |
|--------------------|----|----|-----|----|
| ,° [^] 19 | 87 | 64 | 6 P | AM |

| | յլ | FOR 7STATE REGISTRAR | | | DEPARTA | | EALTH AND MEN | | ENE 8 | PREG. NO. | - | 5 / | Į B | DJ. |
|---|---------------|---|---------------------------|--|---|------------------|------------------------------|-----------|--------------|------------------------------|--------------------------|---|------------------------------|----------------------------------|
| | | CEASED NAME OR PRINT) HOWAR | FIRST | EDWA | RD | BENNE | AST ETT | | 20. DATE OF | NE ME | 4 | ,^^1987 | 646 | AM AM |
| | 3. SE | Male | | 4 RACE White | | 5. DATE C | DAY | YEAR | 6 AGE (INY | 79 | | MONTHS DAY | | ER 24 HRS |
| 5 | (| RTHPLACE (STATE OR F COUNTRY) Maryland | OREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 0 | NEVER MARK | | 9. BALTIMO | THE YAR | UNDE | COCOUN | ΓY | 40 |
| 4 | 10 CI | GLEN BURNI | | 11. NAME OF | | IG HOME C | ROTHER INSTITUT | | (TYPE OF WOR | OCCUPATIO K FOR MOST OF V | WORKING LI | | OF BUSIN | MD. NESS OR Iter Idrens |
| 3 | | AL RESIDENCE (IF NURS STATE Maryland | | OTHER INSTITUTION | 13c CITY OR TOW Pasaden | | 13d. INSIDE CITY L | IMITS? | | ADDRESS D Riv | | | | 21122 |
| |) | THER'S NAME FIRST Grover | E | MIDOLE dward | B⊜nne | | 15. MOTHER'S MA Hel | en | | Elizab | | | riond | |
| / | | VAS DECEASED EVER YES, NO OR UNKNOWN) NO | | E WAR OR DATES) | 166. SOCIAL SECU 214.20.6 | | 17. INFORMANT Ruth E. | | , | ADDRES S | | as #13 | | |
| 9 | CERTIFICATION | Conditions, if ony, gove rise to imm couse (o), statin underlying cause PART 2. OTHERS ON 19a DATE OF OPERAT | which nediote g the lost. | DUE TO, O DUE TO, O DUE TO, O CONDITIONS CO | RASA CONSEQUE DISTRIBUTING TO E | NCE OF DEATH BUT | N WAS PERFORME | D | 200 AUTO | DPSY? | 20b. IF YES IN CERTIF | Z) VEN IN PART S, WERE FINI FYING CAUS | DINGS USI ES OF DEA NO | M M P ED ATH? |
| 7 | MEDICAL CE | 2]a, ACCIDENT WAS UNCO OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 2]d. INJURY OCCULER WHILE NOT WHAT WORK NOT WHAT WORK I Letter that (I) 1 while coose of the letter of | AUSE OF DEA | HOUR A. P. 21e. PLACE (AT HOME, STI | M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | | opinion d | , to | city or town | e and hou | COUNTY 19 rond from ti | that (I) the couses s | toted 7 |
| | | HILARY | T. 0 | 'HERLIH | | | GLEN | BURN | NIE, M | ITAL D | | 1061 | E 200 | |
| | (| Burial Burial | | | 3, 1987 M | eadow: | emetery or crem ridge Mem | . Par | | ridge | | Howard | | STATE |
| | | ngleton Fur | reral | | rnie, Ma L Second | | | JU | | 987 | the REGIST | RAR'S SIGN | Randas | A, |

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

THE

DATE IN THE STATE OF THE STATE

THE DEAN

AND REPORTED TO SELECT

MORTH ARIENTE HOSPITAL

STRUMBER TELES

dien butche, Nachiend 21061

VELLELI'O T ZOLIH

adeath certificate be executed within 24 hours ofter

in by the funeral director, page 3 se filed within 72 hours after death

Ox the attending physicion and campletely ass remove carbon papers. Pages 1 and 2th cremotion, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the medical

STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | CERTIF | CATE OF DEATH | | 8 KEG. NO | o. | 5/ | |
|---|---------------|--|----------------------------------|--|---------------------|-----------------------------------|-------------|---|------------------|---|---|
| 6 | | EASED NAME FIRST OR PRINT) MARY | DORC | PILE | BE S DATE O | DAY YEAR | 6. A | DATE OF DEATH JUNE AGE (IN YEARS LAST BIR | A) | 1987 IF UNDER 1 YEAR MONTHS DAYS | 26. HOUR AM IF UNDER 24 HRS HOURS MIN. |
| | - | emale . | whi | | Jun | 2 6 190 | | / Y | YRS. | OFDEATH | |
| | 10. CI | ATTORE (STATE OR FOREIGN TO ATTORN OR TOWN OF DEATH 11 | United NAME OF HO | | WIDOWE IG HOME O | DIVORCED ROTHER INSTITUTION | D A | ONE AR | unde | 12b. KIND O | MD. |
| 1 | Se | VERDA PARK I | NERIC | and a second | URSING | Conter Seve | | Homemake | | FE) INDUSTRY | |
| 3 | 13a S | | 11: | ive residence before 3c. CITY OR TOW Brookly | 'N I | 13d. INSIDE CITY LIMI YES NO 1 | ITS? 13e | STREET ADDRESS | market Auto- All | GEVAL | (21225) ERD |
| | IN FA | | DDLE | JACO | BS | FIRST | | WIDDLE | | LAMB | DIN |
| - | | VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W | | DOGO | 9273 | Helen A | nder | | we L | | 1012 |
| | NOI | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO | (b) DUE TO, OR / | AS A CONSEQUE | ence of | | E TERMINA | l disease or con | DITION GIV | VEN IN PART 110 | 3 |
| | CERTIFICATION | 19a DATE OF STATION | 19b. CONDITI | ION FOR WHICH | OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? | IN CERTIF | S, WERE FINDIN FYING CAUSES ES [] | |
| 1 | | 2]0. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b TIME OF HOUR A.M. P.M. | . MONTH D | AY YEAR 19 | 21c. HOW INJURY O | CCURRED | (ENTER NATURE OF INJU | RY IN ITEM 18 | PART I OR PART 2] | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF | F INJURY et, factory, office, f | FARM, ETC) | 21f LOCATION STREET | | CITY OR TO | WN | COUNTY | STATE |
| | | 22a. I certify that (I) (this baspitel sow the deceased alive an abave, (I) (met (did) (did not) | June | 2/ 19 | 8 , on | d that in (my) (aur) ap | pinion deot | ta June 2 th accurred on the de | ote and hav | ur and from the | |
| 1 | | 226. SIGNATURE | Olis RINT) | | ML | ATTEND PHYSIC | | AEDICAL STAI | | 21 DATE | une 87 |
| | | | u LL15 | | | 1-184955 | s R. | d-Sever | na / | DARK N | nd. |
| | | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 6/24/ | | | Hill Cer | | 23d. LOCATION CITY OF TOWN Brooklyn | Pk. | COUNTY | Maryland |
| | 24 FU G€ | ineral director corge J. Conce,40 | 001 Rita | chie [™] Hg. | ,Balt | imore,MD 25 | JUN | C'D. BY REGISTRAR 23 1987 | 25b. REGIS | | URE |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate hos been signe should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bur

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or offending physicion.

The state of the s A Sept and the second of the s

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S

DHMH-16 60M 1/73 (VR A 15 (4))

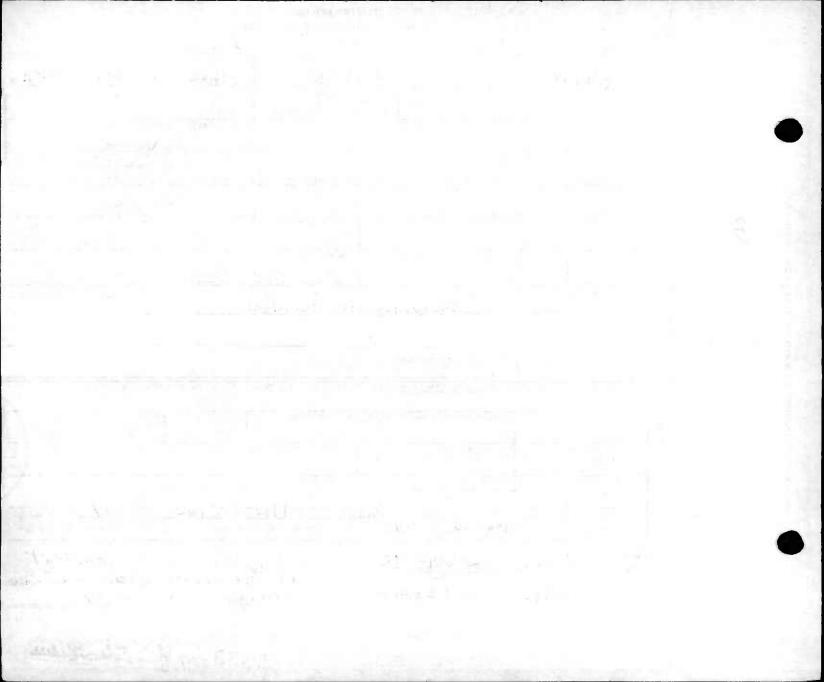
24 FUNERAL DIRECTOR

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injury, ar ather traumatic event, the medical

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IMPORTANT: If them 21 is marked or them

| | | | | | E OF MARYLAND | | | | | |
|---------------|--|------------------------|---|--------------|---|--------------------|--|-------------|----------------------------|----------------------------------|
| 17 | FOR STATE REGISTRAR | | DEPART | | IEALTH AND MENTAL HYG ICATE OF DEATH | SIENE 8 | 7 REG. NO | 1 5 | 1 | Bor |
| | CEASED NAME FIRST | ^ | NIDDLE | | LAST | 20 DATE C | OF DEATH MONTH | DAY | YEAR | 2b HOUR |
| | GERTRUD | E M | | BID | DISON | J | UNE | 3. | 1987 | 456 RM |
| 3. SE | X | 4 RACE | | 5. DATE O | | 6 AGE (IN | YEARS LAST BIRTHDAY) | IF UN | DER TYEAR | IF UNDER 24 HRS |
| | Female | White |) | June | | | 93 _v | RS. | DATS | HOURS MIN. |
| | RTHPLACE (STATE OR FOREIGN | | VHAT COUNTRY | 8 | D NEVER MARRIED | 9 BALTIM | ORE CITY OR COL | | DEATH | |
| M | aryland | U.S. | Α. | WIDOW | | | ANNE ARUN | VDEL. | COUNT | Y MD. |
| 10 C | GLEN BURNIE | (IF NOT IN SUC | OSPITAL, NURSING FACILITY, GIVE STREET H ARUNDE | NG HOME (| OR OTHER INSTITUTION | 12a USUAL | OCCUPATION ORK FOR MOST OF WORK WIIE | | 2h KIND O | F BUSINESS OR Maker |
| | AL RESIDENCE HE NURSING HOM | E OR OTHER INSTITUTION | GIVE RESIDENCE BEFOR | RE ADMISSION | FIIAL | 1 | | | | |
| Ma | | A.A. | Pasader | na na | 13d INSIDE CITY LIMITS? YES NO XX | | ADDRESS / ZIP (Ldgewoo | d Ave | enue | 21122 |
| 14. F/ | ATHER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | | WIDDLE | | LAS | т. |
| | Jacob | | Kline | € | Elizabe | th | | | Moo | |
| | VAS DECEASED EVER IN U.S. | | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | | ADDRESS | | 212 | • |
| (| YES, NO OR UNKNOWN) (IF YES | . GIVE WAR OR DATES | (UNI | K | Rosalie Bid | dison | 2817 Del | aware | e Ave | Balto Md |
| | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMMED | DIATE CAUSE (a) | Ine to ONSEON | ENCE OF | healt. | FOL | ilwa | Qu, | APPROXI BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OF | AS A CONSPOR | 1 | D. | | | 1 | | 5 2 |
| NOI | PART 2 OTHER SIGNIFICAN | or conditions co | AS CO | DEATH BUT | (3) OBS | AINAL DISE | SE OR CONDINON | YCHEN! | N PART | Cereor |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDI | TION FOR WHICH | H OPERATIO | ON WAS PERFORMED | YES [| | | ERE FINDING CAUSES] | OF DEATH? |
| 1 🗑 | 210. ACCIDENT WAS UNDERLYING | | FINJURY M. MONTH D | NAV VEAR | 21¢ HOW INJURY OCCUR | RED (ENTERN | NATURE OF INJURY IN ITE | M IS PART I | OR PART 2) | |
| 4 | OR CONTRIBUTING CAUSE OF | DEATH | | 19 | | | | | | |
| MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE | OF INJURY | | 21f LOCATION | | CITY OR TOWN | | COUNTY | STATE |
| Σ | WHILE NOT WHILE D | (AT HOME, STR | EET, FACTORY, OFFICE, | FARM ETC) | STREET | | CITY ON TOWN | | COUNTY | STATE |
| | 220.1 certify that II) (this hi | aspital) attended the | relecensed from | 4, | 1087 | to | 613 | 10 | 27 | that (I) (we) last |
| | saw the deceased alive | an | 7 19 | 87. | nd that in (my) (our) apinian | death accuri | red an the date and | d hour and | | |
| | above (II (we) did) (did | not) view the body | after death. | 0 (| DEGREE | | | | 22c. DATE | SIGNED |
| | mg9 | uesc |), M2 | · Q. | ATTENDING PHYSICIAN | MEDICAI DIRECTO | STAFF |] | 6 | 11/1 |
| | THE PHYSICIAN'S NAME IT | ME ON HAVE | , | | 22e ADDRESS | 73-F F | ENINSULA | FARA | 1 ROAI | 0 |
| | FIMO M | AVORO M | 0 | | ARMOLD | MARYI | | | | |
| 23a. (| BURIAL, CREMATION TEMO | AL 23 DATE/87 | | | re Cemetery | 23d. 100 Bat | | - | <u> </u> | Ma |

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

George: J. Gonce 4001 Ritchie Hgwy Balto Md

Baltimore

JUN 9 1087 Jun Destroy Lander

058070 JUN

executed within 24 hours after death. Page 4 may be

| STATE OF MARYLAND |
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|-------------------|

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | 7 REG. N | 10. | 5 | 1 | |
|------|----------|-------|-----|------|--------|
| DATE | OF DEATH | MONTH | DAY | YEAR | 2b. HO |

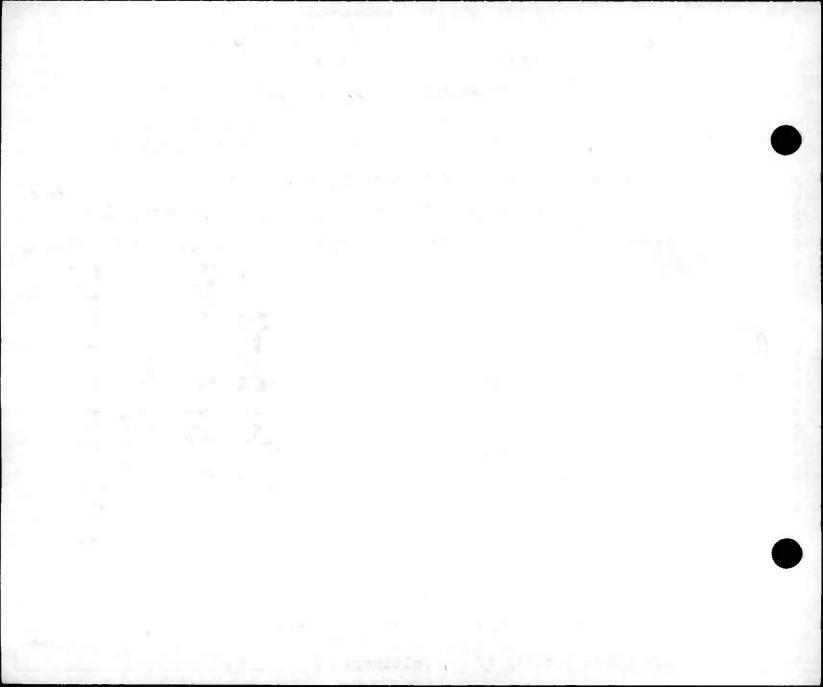
| 1 | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REGISTRAR CERTIFICATE OF DEATH 8 REGISTRAR | | | | | | | | |
|---|---|---|---|--------------------------------|--|-----------------------|---|--|--|
| | (TYPE OR PRINT) | Helen MIDDLE Ann | BA | Block LOEK | | 6/20/8 | 7 10 50 M | | |
| 1 | 3. SEX F'emale Fe 70. BIRTHPLACE (STATE OR FOREIGN | A RACEC AUCASIAN CAUCASIAN 7b. CITIZEN OF WHAT COUNTRY? | 1/ | - 25 - 18 | 6 AGE (IN YEARS LAST BIRT ### BALTIMORE CITY OF | YRS. | DAYS HOURS MIN. | | |
| 5 | Sheboygan, WI | USA | WIDOWE | DIVORCED | Anne Arun | ndel Cour | ntv Mp. | | |
| | 10. CITY OR TOWN OF DEATH Annapolis | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Anne Arundel | G HOME O ADDRESS) Gener | R OTHER INSTITUTION | 12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Retired | ON 126 KIN | ND OF BUSINESS OR | | |
| | USUAL RESIDENCE (# NURSING HOME O 13a STATE 13b. COU MD Anne | PROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Arundel Mill | N | | | zip code ndon Driv | 21108 ve | | |
|) | FIRST | MIDDLE | | FIRST | WIDDIE | | LAST | | |
| 4 | Henry 160 WAS DECEASED EVER IN U.S. AF | ROCK RMED FORCES? 166 SOCIAL SECU | OLA VILID | Mary 17 INFORMANT | ADDRE | Feiers | stein | | |
| | | VE WAR OR DATES) | | Mrs Deanna | | Same as | | | |
| | PART I. DEATH WAS CAUSI | nly one couse per line far (o), (b., one ED BY: (TE CAUSE (o) | | LON | | AP BETV | PPROXIMATE INTERVAL WEEN ONSET AND DEATH | | |
| | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUE | | | | | | | |
| 1 | PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM | | | 206. IF YES, WERE FI | INDINGS USED | | |
|) | 00.00.000000000000000000000000000000000 | ATH HOUR A.M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | YES NO | | | | |
| | GENTHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AL WORK AL WORK | 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F. | ARM. ETC) | 211. LOCATION STREET | CITY OR TO | WN COUNT | TY STATE | | |
| | | oital) attended the deceased from_ 120/87 19_ off view the body after death. | | d that in (my) (our) opinion d | to 6/20/5 | ate and hour and from | n the causes stated | | |
| | SIWATKINS | SIWATKINS by Dr. S. Sulanch ATTENDING MEDICAL STAFF PHYSICIAN SINAME (TYPE ORDAINS) 1226 ADDRESS | | | | | | | |
| | Median | / SELONICK | | 22e ADDRESS | | | | | |
| | 23. BURIAL, CREMATION, REMOVAL | 06-22-87 S | ecuri | ty Process | Baltimo | re, Balt | to. State | | |
| | 24 FUNERAL DIRECTOR 290 Cremation Soc | Frederick Roies iety of MD, Ba | ad 2 ltimo | 21228 250 DATE ore MD | IUN 26 1987 | 256 REGISTRANIE SIG | DIANA | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, a should be detached for use with the State Dept, of Hea

IMPORTANT: # #

TO HOSPITAL OR



MIDDLE

FOR

REGISTRAR DECEASED NAME

- STATE

TYPE OR PRINT

(VRA 15, 4)

IF LINOER LYEAR IF LINDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR 13e STREET ADDRESS / ZIP CODE APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY _, that (I) (we) last and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221 DATE SIGNED DIRECTOR PHYSICIAN 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

STATE OF MARYLAND

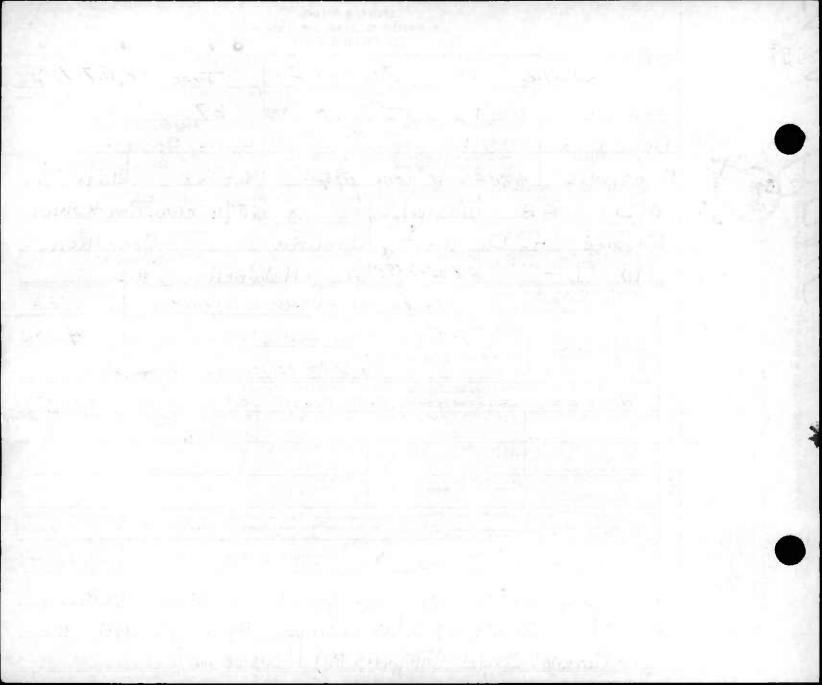
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

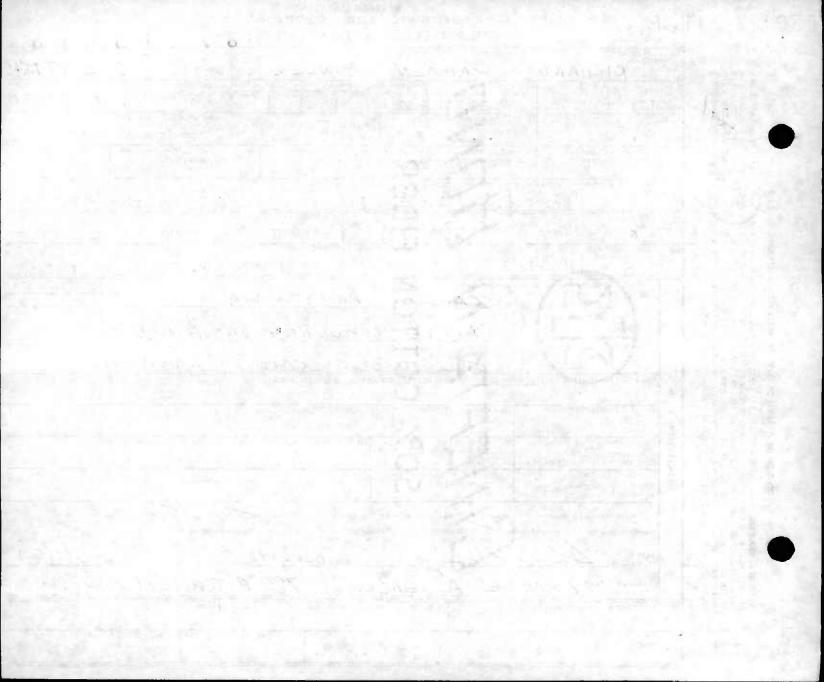
CERTIFICATE OF DEATH

20 DATE OF DEATH

MONTH

26 HOUR





156080

executed within 24

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

BP.

mor, page 3

STATE OF MARYLAND

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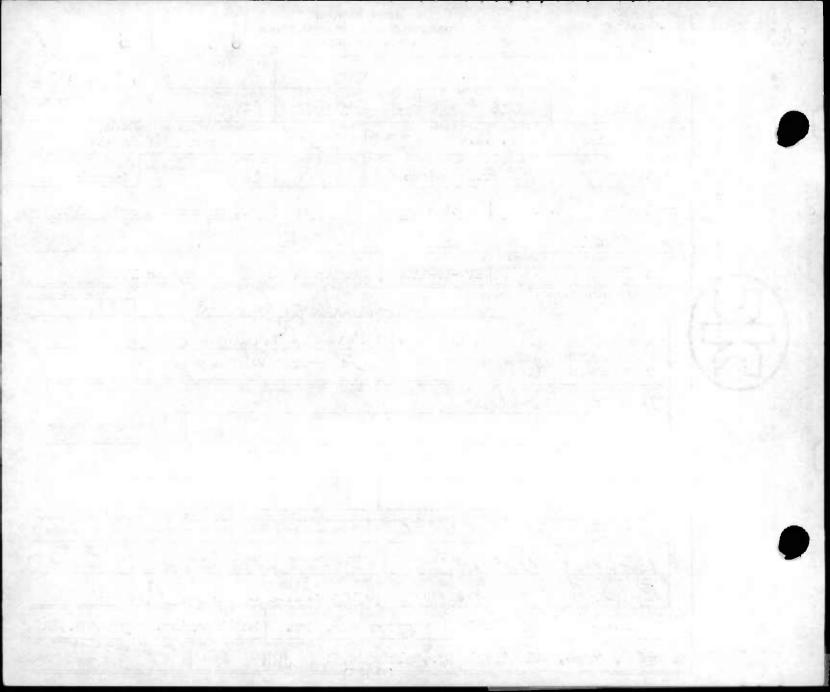
| 8 | REG. NO. | 1 | 5 | 1 | 1 | |
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| | | | | | | |

| Įų. | REGISTRAR | | | DEI AIIII | CERTIF | ICATE OF DE | ATH | 8 | REG. NO | | 5 | 1 | 1/ | |
|--------------------------|--|--|----------------------------------|--|----------------|---------------------------------|--|---|--------------------|------------|---|--------------|-----------------------------|--|
| | DECEASED NAME YPE OR PRINT) | Norma | , | L. | | Boyer | | 26. DATE OF | | une | | YEAR L987 | 8:45 AM | |
| 3. 5 | 3. SEX 4. RACE Whi | | RACE Whit | 5. DATE O | | H DAY | BIRTH | | EARS LAST BIRTH | (DAY) | IF UNDER | - | IF UNDER 24 HRS. HOURS MIN. | |
| Pennsylvania 76. CITIZEN | | | U.S | WHAT COUNTRY? 8. MARRIED WIDOWE | | RIED NEVER MARRIED WED DIVORCED | | 9 BALTIMORE CITY <u>OR</u> COUNTY O Anne Arundel | | | | | | |
| 1 | Baltimore | | rookwood | JRSING HOME OR OTHER INSTITUTION OF ROSE | | | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Clerk | | | | 126 KIND OF BUSINESS OR INDUSTRY Savings Bank | | | |
| M | SUAL RESIDENCE (IF NU L STATE Laryland | 13b COUNT | Y | GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimos | N | _ | io 🔀 | 5012 | address / Brook | zip cod | Road | i | 21225 | |
| | FATHER'S NAME Sidwe | 11 | IDDLE | Hall | | 15. MOTHER'S N | st Alma | ME | D_{ullet} | | | G | ray | |
| 16a | (YES NO OR UNKNOWN) | AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIA (IFYES, GIVE WAR OR DATES) 219—3 | | 219-10-1 | | Charles | Boyer . | ADDRES Sau | s 136 | 13e | | | | |
| CERTIFICATION | | nmediate ting the se last. GNIFICANT CO | (b) DUE TO, O (c) DONDITIONS CC | R AS A CONSEQUI CONSEQUI CONTRIBUTING TO I CONTRIBUTING TO I CONTRIBUTING TO I | ENCE OF | | 9 | 20s AUTO | E OR COND | 20b. IF YE | ES, WERE IFYING C | FINDIN | GS USED OF DEATH? | |
| MEDICAL CERTI | OR CONTRIBUTING LIFETHER, NOTIFY ME 21d. INJURY OCCU WHILE NOTIFY AT WORK AT WORK 226.1 certify that | CAUSE OF DEAT DICAL EXAMINER) RRED WHILE ORK | P. 21e PLACE (AT HOME, STR | M. MONTH D. M. OF INJURY BEET, FACTORY, OFFICE, F deceased from | 19 FARM, ETC.) | 21f. HOW INJU | 19_79 | { | CITY OR TOW | IN ITEM 1B | cou ,, 19 | INTY | | |
| 230 | BURIAL, CREMATION (SPECIFY) | N, REMOVAL | 23b. DATE 6/11/1 | | | 22e ADDRESS 47/0 EMETERY OR CRI | Pen- EMATORY | POINT ALLOCAL | of the | L | \(\lambda\) | >-J | 0.,PA | |
| | FUNERAL DIRECTOR | | 001 Rit | chie Mgs., | Balti | imore,MD | | IN 9 | | | TRAR'S.S | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and comple should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical examples.



057522 Juli

- STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

COUNTRY) York, Pa. 10. CITY OR TOWN OF DEATH GLEN BURNIE

3. SEX

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njury, or other troumotic event, the

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MPORTANT: If Item 21 is morked or Item 18 shows

Poges

FIRST

PEARL

Female To. BIRTHPLACE (STATE OR FOREIGN

| DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 5 / 1 8 5 / 1 EPT |
|---|--|---|-------------------------------|
| MIDDLE | LAST | 20. DATE OF DEATH MONTH DA | AY YEAR 26. HOUR |
| Esther | BOYER | JUNE 18. | 1987 913 PM |
| RACE | 5. DATE OF BIRTH | | FUNDER 1 YEAR IF UNDER 24 HRS |
| White | July 8, 1909 | 77 YRS. | ONTHS DAYS HOURS MIN. |
| CITIZEN OF WHAT COUNTRY? | 8. | 9. BALTIMORE CITY OR COUNTY | OF DEATH |
| U.S.A. | MARRIED NEVER MARRIED | ANNE ARUNDEL | COUNTY MD. |
| NAME OF HOSPITAL, NURSIN | IG HOME OR OTHER INSTITUTION | 12a. USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| NORTH ARUNDEL | | (TYPE OF WORK FOR MOST OF WORKING LIFE) | Own Home |
| ER INSTITUTION, GIVE RESIDENCE BEFORE | ADMISSION) | | TOWIT HOME |
| rundel Severn | N 13d. INSIDE CITY LIMITS? YES NO K | 1333 Severn Roa | d 21144 |
| Lander Devern | 15. MOTHER'S MAIDEN NA | | .u 21144 |
| h Frantz | Roxie | WIDDLE | Marromone |
| D FORCES? 166. SOCIAL SECU | | ADDRESS | Mummer |
| 220.82.8 | | on Daughton Cam | 12 |
| one cause per line for (a), (b) on | | er Daughter Sam | e as 13 |
| AUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NOTITIONS CONTRIBUTING TO | ENCE OF hypoten | leeding and | |
| City ! | PLIGHT CO | lostomy /6 | wel serbration |
| bowiel | derbrattin | YES NO V YES | ING CAUSES OF DEATH? |
| HOUR A.M. MONTH D | AY YEAR | RED CENTER NATURE OF HUMEN IN TEM 18 PM | If I OR PART 21 |
| 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | 211 LOCATION | CITY DICTOWN | COTMAN PLATE |
| omended the deceased from | ond that in (my) four) opinion | deoth occurage on the date and hour | ond from the couses stoted |
| Sparleh | | MEDICAL STAFF DIRECTOR PHYSICIAN | 6-18-87 |
| (MI) | 22e. ADDRESS | 08 MOUNTAIN ROAD | |
| REK M D | DACADENIA | MADVI AND 21122 | |

USUAL RESIDENCE (IF NURSING HOME OR OTH 130. STATE 13b. COUNTY Maryland Anne A 4. FATHER'S NAME FIRST MIDI Norman Uria 160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) NOne NOne 18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CO CERTIFICATION TE OF OPERATION 190 D OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE 220.1 certify that (1) (this hospital BRRY D SKAR 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE Entombment Jun 22, 1987 Cedar Hill Cemetery Brooklyn Park A.A. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John Dandson Landala JUN 23 108 Singleton funeral Home, Glen Burnie, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

SELYCH ANE IS, 1987 UIS FM ANDRE ANDREL CORNEY CLIEK PURKILE WORTH ARRESTEL HOSPITAL - - -" I will have been been the will be a " V = 1 1 My March 1 My Jones 1 17. (III) 3.55 JUST I. SEARBER, M.J. DASABERA, NACYLAND 2112?

| 114 | 150 | FOR STATE REGISTRAR | | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | 8 /EG. NO. | 5 / 1 9 |
|--|---------------|--|---|--|---|--|
| | | ORPRINT) LUCILLE | MIDDLE | Boyett | 2a. DATE OF DEATH MONTH | 5-87 26 HOUR |
| | 3. SE) | emale | AUCHSI AN | S. DATE OF BIRTH MONTH 2 - 19 - 02 | 6. AGE (IN YEARS LAST BIRTHDAY) YRS. | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| 8 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY? | MARRIED WEVER MARRIED WIDOWED DIVORCED | Anne Arund | Y OF DEATH EL COUNTY MD. |
| 3 | 1 | TY OR TOWN OF DEATH | ANNE FIZHINDEL | Column tespital | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK NG I | |
| 5 | | AL RESIDENCE (IF MURSING HOME OR TATE ARYLAND ANNE | ARUNDEL ANNAP | VALIS 134. INSIDE CITY LIMITS? | 136 STREET ADDRESS / ZIP COO | DE 21403 |
| 1 | 14. FA | THER'S NAME ELBERT | OSBOR'N' | ANNIE | widdle EVE | R.S. LAST |
| Charles of the Charle | | VAS DECEASED EVER IN U.S. ARI | MED FORCES? | | oyett Same as | 13E |
| | | PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b) on D BY: TE CAUSE (o) | We Supin | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 1 | | Conditions, if ony, which | DUE TO, OR AS, A CONSECUTION (b) | ENCERT | | am. |
| | | gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSTOLL | the line a | me | monmon |
| | NOI | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION G | IVEN IN PART 110 |
| 7 | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES |
| 9 | | 21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | | YEAR 19 | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART 1 OR PART 2) |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | FARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | | saw the deceated also are | ital) attended the decrosed from | | deoth occurred on the date and ha | our and from the causes stated |
| | | 17h SIGNATURE | Culia mi | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DAYE SIGNED |
| 7 | | 274 PHYSICIAN'S MAINE (THE | Olland | 22e. ADDRESS (1) | Idin 1 Au / | navalli Mary |
| 4 | | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. | NAME OF CEMETERY OR CREMATORY | 23d. ŁOCATION | |
| | | BURIAL | JUNE 9 1987 | MEMORIAL PARK S | | Pinells Fla. |
| | 24. FI | JNERAL DIRECTOR | | | TE REC'D. BY REGISTRAR 256, REGIS | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Annapolis, Robert E. Evans 1212 WESDERSST.

MJUN 9

1987 Julia Deviden Rendardo

Auchst Akt ... The control

Florida U.S.A. - A.Z.U Abusala

June 25.

James S. Kirkley, Glen Burnie, MD

MIDDLE

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15. 4)

FIRST

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Cedar Hill Cemetery

LAST

REG. NO.

2b HICUR

12b. KIND OF BUSINESS OR

21061

Schreiber

53545

STATE

MD

Hutzlers

1987

INDUSTRY

YES [

COUNTY

BURNIE

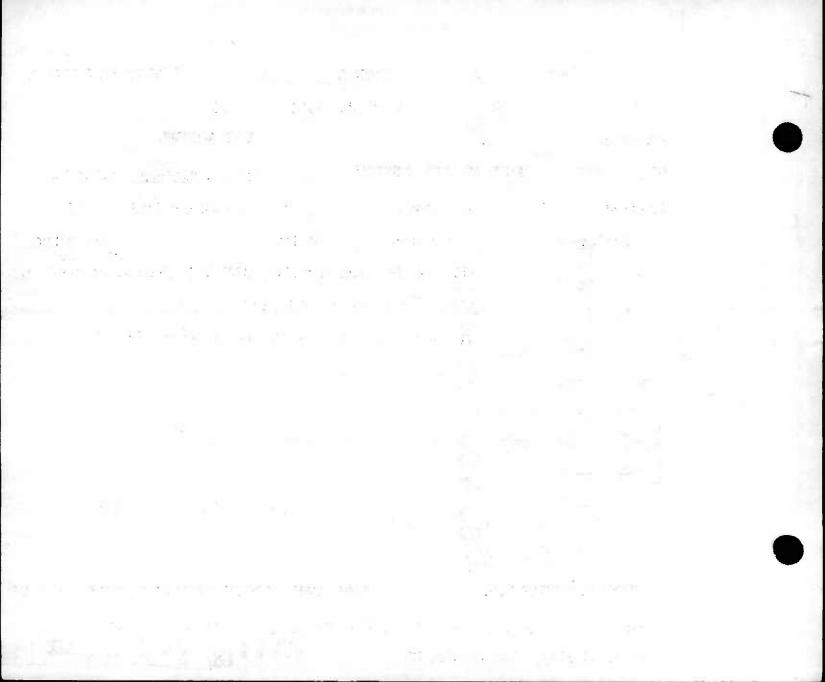
35 PEGISTRAR'S SIGNATURE

-Baltimore

22c. DATE SIGNED

IF UNDER TYEAR

20 DATE OF DEATH



055057

| UN | 9- | FOR STATE REGISTRAR | ş | | | NT OF H | OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH | IENE 8 7 _{REG. NO.} 1 | 5 / | 2 1 |
|----|---|--|--------------------------|---|--|---------------|--|---|-----------------------------|--------------------------------|
| | | | ILIBE | | P | DATE O | BROWN SR | 20. DATE OF DEATH MONTH DAY 6 - 2 6. AGE (IN YEARS LAST BIRTHDAY) IF | -87 | 6 5 PM |
| | | MALE | | | CASIAN MONTH DAY YEAR 1) -14-07 | | | | | HOURS MIN. |
| 3 | | RTHPLACE (STATE OR FOR Mary) | EIGN 7b. | | | MARRIED | | P. BALTIMORÉ CITY OR COUNTY OF | | MD. |
| 3 | | TY OR TOWN OF DEATH Baltimore | | . NAME OF H South | OSPITAL, NURSING | HOME O | rother Institution ral Hospital | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) EL evator Install er El evators | | |
| 4 | SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13% STATE MARYLAND 13% COUNTY A.A. | | | | Baltimore | | hway 2 | 21225 | | |
| 0 | | | | | Brown Thersea | | a . | H. P6 | PLER | |
| 1 | | VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO | | FYES. GIVE WAR OR DATES) 213-10-8234 Gilbert P. Brown Jr 611 Lakeland | | | | | | Md 2114 South |
| | | PART I. DEATH WAS | Enter only (CAUSED E | BY: | e per line for (a), (b), and (c)) () (ARDIORESPIRATORY ARREST | | | | | ATE INTERVAL ISET AND DEATH |
| | | Conditions, if ony, v gove rise to imme cause (a), stating underlying cause | | DUE TO, OR AS A CONSEQUENCE OF (b) PROBABLE ARRHYTHMIA SECONDARY DUE TO, OR AS A CONSEQUENCE OF (c) CONGESTIVE HEART FAILURE | | | | | | |
| | NO | PART 2. OTHER SIGNIF | ICANT CO | NDITIONS CC | | | | INAL DISEASE OR CONDITION GIVEN | IN PART Ita | 2,,5 |
| Ź | CERTIFICATION | 190. DATE OF OPERATIO | N | 19b. CONDI | TION FOR WHICH O | PERATION | N WAS PERFORMED | | VERE FINDING NG CAUSES O | |
| 9 | | 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL | JSE OF DEATH | 21b. TIME OF HOUR A./ | M. MONTH DAY | YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITEM 18 PART | I OR PART 2) | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | 21e. PLACE ((AT HOME STR | OF INJURY BET, FACTORY, OFFICE, FARA | M, ETC } | 211. LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | | 22a. I certify that (1) (the saw the deceased above (1) we) did | alive on | June E | deceased from 19 | 7 , an | d that in (m) (our) apinion | death occurred an the date and hour a | nd from the ca | o (I) we) lost iuses stated |
| | | 22b. SIGNATUR | Ma | مد ها | brum MF |) | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 220. DATE SI | GNED P7 |

23c NAME OF CEMETERY OR CREMATORY Glen Haven Mem Park

BP. DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar ta burial, crematian, or removal.

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie™Mgwy Balto Md

23b DATE/87

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

ADDRESS GIS HAMMONDS LAG BALTIMORE MARYLAND ERY OR CREMATORY 123d LOCATION 1 Mem Park Glén Burnie 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Julia Divideon Rendall JUN9

COUNTY . A.

Md

(VRA 15, 4)

IMPORTANT:

The transfer of the state of th CONTRACTOR OF THE PROPERTY OF THE PARTY OF T 125. FILL TOURS TO STAM 057

softer death

4 тоу be

that the death certificate be executed within 24 hours after

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 7 REG. NO. | - | 5 | 1 | 2 |
|------------|---|---|---|---|
| NE OTTO | | | | |

| | REGISTRAR | | | CERTIF | CATE OF DEATH | REG. NO. | | | | | |
|----|--|---------------------------------|---|-----------------------------|--|--------------------------------|--|-------------|----------------------------------|--|--|
| | 1. DECEASED NAME FIRST | | AIDDLE | B | u~N Sr. | 20. DATE OF DEATH | 1-87 | | 2b. HOUR | | |
| | 3. SEX White | 4 RACE Mal | e | Sept | | 6. AGE (IN YEARS LAST BI | YRS | THS DAYS | HOURS MIN. | | |
| 1 | Por BIRTHPLACE (STATE OR FOREIGN Maryland | 76. CITIZEN OF V | A. | 8. MARRIEI WIDOWE | DENEVER MARRIED | Anne Arun | | | MD. | | |
|) | Glen Burnie | | HOSPITAL, NURSING HEACILITY, GIVE STREET A NO MANOT | | ng Home | 120. USUAL OCCUPAT Linesman | OF WORKING LIFE) | | & E. | | |
| | USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b. COUR Maryland | | GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Riviera | ND I | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 8442 Chu | 2 | | | | |
| // | Joseph | P. | last Bun | n | IS. MOTHER'S MAIDENN Julia | WIDDLE | | Krame | er | | |
| | 160 WAS DECEASED EVER IN U.S. AR (YES. NOTOR UNKNOWN) (IF YES, GIN | MED FORCES? /E WAR OR DATES) | 215-09-9 | RITY NO. | Anna R. Bun | n Same as | | | NATE INTERVAL NSET AND DEATH | | |
| 2 | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION | (b) DUE TO, OI | struce | NCFOF | NOT RELATED TO THE TER | MINAL DISEASE OR COM | NDITION GIVEN 200. IF YES, WILL CERTIFY IN YES F | ERE FINDING | | | |
| 7 | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER, NOTIFY MEDICAL EXAMINET 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINET AT WORK AT WORK 22g. I certify the International Contribution of Contribution | 21e. PLACE (AI HOME, STR | M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA e deceosed from 2 23 ofter depth | 19 RM, ETC.) F-U 9 , pr | 216. HOW INJURY OCCU 216. LOCATION SIREET 19 and that in my) (bur) opinion DEGREE A TENDING HYSICIAN 122e ADDRESS | 2. to | OWN 2 19 part I | COUNTY 87 | STATE hot (I) (ost ouses stoted | | |
| | 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | T | | EMETERY OR CREMATORY T Memorial P | | r Ha | rford | 7112 | | |
| | 24 FUNERAL DIRECTOR | | | 1777 | 25g. D/ | ATE REC'D. BY REGISTRAL | R 256 REGISTRAP | 'S SIGNATU | JRE | | |

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, After this certificate has be

should be detached for use as the with the State Dept. of Health or IMPORTANT, if them 21 is market

George J. Gonce 4001 Ritchie Hgwy Balto Md

50. DATE REC'D. BY REGISTRARIZSD. REGISTRAR'S SIGNATURE

JUN 26 1987 Julia Devideon-Randara

Burn E. [6 - 21. 81 with but per the contract and the second of the second o the total of the second of The rest of the contract of th

MIDDLE

7b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NORTH ARUNDEL HOSPITAL

13c CITY OR TOWN

Clen tow

ardio

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

MONTH DAY

(AT HOME, STREET FACTORY, OFFICE, FARM ETC.)

216. TIME OF INJURY HOUR A.M.

21e PLACE OF INJURY

GREGG

4 RACE

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

| STATE OF MARYLAND NT OF HEALTH AND MENTAL HY | GIENE | 7 | , | E | 7 | 1) 2 |
|--|---------------------|-------------------|-------------|------------|---------------------|---------------------------------|
| CERTIFICATE OF DEATH | 0 | REG. NO. | 1 | 2 | 1 | DST |
| LAST | 2a. DATE O | FDEATH MO | ONTH D | AY Y | E AR | 2b. HOUR |
| BURGONE | JUNE | 30, 19 | 87 | | | 3:10 PM |
| DATE OF BIRTH | 6. AGE IIN | YEARS LAST BIRTHD | | IF UNDER | | IF UNDER 24 HRS |
| MONTH 6 23 | 6 | 03 | YRS | ONTHS | DATS | HOURS MIN. |
| MARRIED NEVER MARRIED | | ORE CITY OR | | | TH | |
| WIDOWED DIVORCED | | ARUNDEL | | _ | | MD. |
| HOME OR OTHER INSTITUTION DRESSI | LITYPE OF WO | OCCUPATION | ORKING LIFE | | IND OF | BUSINESS OR |
| SPITAL | DEMIOR | Mechan | | L-H | J. K.L. | 1 LE 16014 |
|)MISSION) 13d INSIDE CITY LIMITS? YES NO | 13e.STREET | ADDRESS / Z | IP CODE | N | R | 12/1/3 |
| 15. MOTHER'S MAIDEN N | AME | WIDDLE | 0 | | NNO | N |
| TY NO. 17. INFORMANT | | ADDRESS | , | 1.111 | 1110 | |
| 1240 MARIUM BUR | SONE | # | 13e | | | |
| orelinating a | rover | 44, | | BE | APPROXIA TWEEN O | NATE INTERVAL NSET AND DEATH |
| ce opyocardil | Not | Ercha | <u>_</u> | | | |
| CE OF | | | | | | |
| ATH BUT NOT RELATED TO THE TER | MINAL DISEA | SE OR CONDIT | ION GIVI | N IN P | ART 110 | |
| PERATION WAS PERFORMED | 20a AUT | | Ob. IF YES | YING C | | GS USED OF DEATH? NO |
| YEAR 19 | RRED (ENTERN | ATURE OF INJURY I | NITEM 18 PA | ART I OR P | ART 2) | |
| M ETC) 211 LOCATION STREET | | CITY OR TOWN | i | COU | NTY | STATE |
| , 19, and that in (my) (aur) opinia | | ad on the date | | | | hat (I) (we) last |
| | ir dealli decurr | ed on me date | una nour | | | |
| DEGREE ATTENDING PHYSICIAN | MEDICAL DIRECTOR | | 2 | 7 | DATE | 87 |
| 22e ADDRESS | | | | | 210 | 061 |

FOR - STATE REGISTRAR DECEASED NAME ITYPE OR PRINT 3. SEX MAle 7a. BIRTHPLACE O CITY OR TOWN OF DEATH GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13b COUNTY md 4 FATHER'S NAME 10 60 WAS DECEASED EVER IN U.S. ARMED FORCES LYES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate

VERNIE

cause (a), stating

190 DATE OF OPERATION

710. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED

NOT WHILE

saw the deceased alive on.

224 PHYSICIAN'S NAME (TYPE OR PRINT)

22h SIGNATURE

underlying cause

STATE OR FOREIGN

Annt

MIDDLE

INF YES, GIVE WAR OR DATES!

IMMEDIATE CAUSE (a)

220.1 certify that (1) (this haspital) attended the deceased from

above ((we) (did) (did nat) view the bady after death

medico or other troumotic

CERTIFICATION

ne funeral director, page within 72 hours after deal

the

2 should be

executed

rs. Poges to buriel, prior morked or Item 18 shows any should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene j FUNERAL DIRECTOR. MPORTANT: If hem 21 is 0

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE

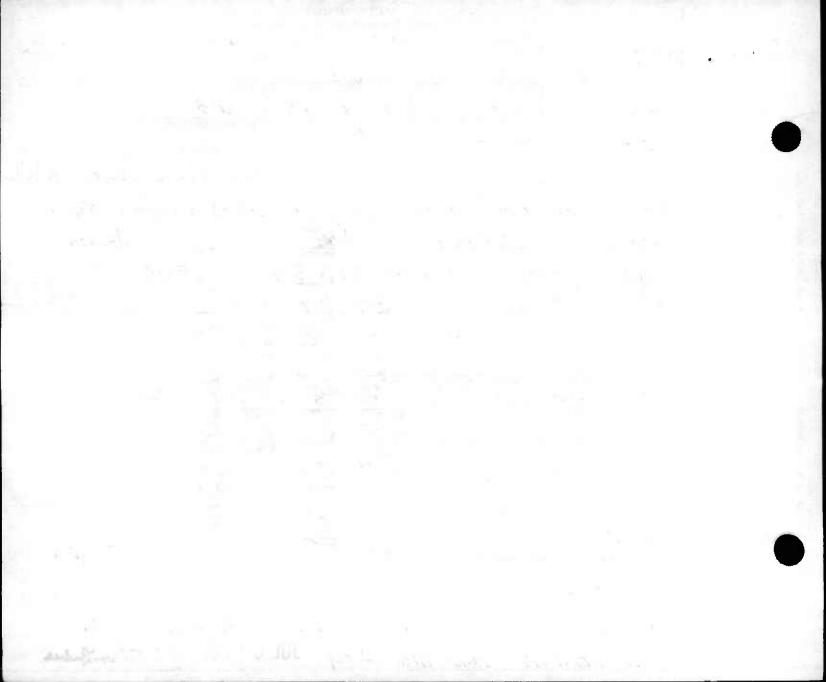
BASANT K. KHANDELWAL

234 NAME OF CEMETERY OF CREMATORY

7422 Balto-Annapolis Blvd. Glen Burnie, Md. STATE

7-3-87 24 FUNERAL DIRECTOR

REGISTRAR 256 REGISTRAR'S SIGNATURE



ly filled in by the funeral director, page 3 should be filed within 72 hours after death

| SI | TATE | OF | MA | RYI | AND |
|----|------|----|--------|-----|------|
| | | | 171.00 | 100 | MILL |

DEPARTMENT OF HEALTH AND MENTAL HYGIE

| - | $G_1 \emptyset$ | STATE | | | DEPAR | | IEALTH AND MENTAL HY | YGIENE | | | | | |
|----|-----------------|---|--------------|------------------------|-----------------------------------|----------------|------------------------------|------------------|--|----------------------|-----------------------|--|--|
| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | 8 | REG. NO. | 5 / | 2 4 | | |
| | | CEASED NAME | FIRST | , | AIDDLE | L | AST | 20. DATE OF | DEATH MONTH | DAY YEAR | 26 HOUR | | |
| | LIABE | OR PRINT) | Robe | ert Hugh | es Burt | is | | Jun | e 23, 198 | 37 | A | | |
| | 3 SEX | X | | L RACE | | 5. DATE C | | 6 AGE IN | EARS (AST BIRTHDAY) | IF UNDER 1 YEAR | | | |
| | | Male | | Wh | nite | Febr | uary 5, 1916 | 71 | YR | MONIHS DAYS | HOURS MIN. | | |
| my | | RTHPLACE STATE OR FO | DREIGN | b CITIZEN OF | WHAT COUNTR | Y? 8. | D NEVER MARRIED | D DALTIMO | RE CITY OR COU | TY OF DEATH | | | |
| | _ | Vew Jersey | | U. | S.A. | WIDOWE | | | e Arundel | County | WD | | |
| - | 10. CI | TY OR TOWN OF DEAT | TH | | HOSPITAL, NUR | | OR OTHER INSTITUTION | | OCCUPATION K FOR MOST OF WORKIN | | OF BUSINESS OR | | |
| 5 | I | Annapolis | | | | _ | Hospital | | ht Broker | | | | |
| 1 | | AL RESIDENCE HE NURSE | G HOME OR | | GIVE RESIDENCE BEF | | 13d INSIDE CITY LIMITS? | 113e STREET | ADDRESS / ZIP CO | ODF | | | |
| 1 | 1 | Maryland | - | A. | Stevens | | YES NO | | North Lak | | 21666 | | |
| | 14. FA | THER'S NAME | A | AIDDLE | LAST | | 15. MOTHER'S MAIDEN N | AME | WIDDIE | | ASI | | |
| 6 | 1 | John Car | | | ***** | | Mable H | owell | Model | | A.J. | | |
| 2 | | VAS DECEASED EVER IN | | MED FORCES? | 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | | ADDRESS | 1/4/ | | | |
| | | No | - | 143-03- | 4295 | Cynthia Mar | y Burti | s same | as abor | ve | | | |
| | | 18 CAUSE OF DEATH | Enter anl | y ane cause per | line for (a), (b), | and Ici. | | | 611 | APPRO BETWEEN | NONSET AND DEATH | | |
| | | PART I. DEATH WA | | E CAUSE (a) | alu | icaeli | sty Card | 4/02 | enlur | h heart y | | | |
| | | 25 P. S. V. | | DUE TO. O | R AS A CONSEC | DUENCE OF | aty Card | 2.4 | last | 100 | | | |
| | | Conditions, if any, | | (dı) | | | | 1 | and | 1 1 | -//- | | |
| | | gove rise to imme cause (a), stating | the | DUE TO, OI | R AS A CONSEC | QUENCE OF | | | | | | | |
| | | underlying cause | last. | (c) | | | | | | | | | |
| | 7 | PART 2 OTHER SIGN | IFICANT C | onditions <u>co</u> | ONTRIBUTING T | O DEATH BUT | NOT RELATED TO THE TER | RMINAL DISEAS | E OR CONDITION | GIVEN IN PART 1 | lio | | |
| | CERTIFICATION | | | | | | | | | | | | |
| 7 | ICA | 19a DATE OF OPERATI | ION | 19b. CONDI | TION FOR WHI | CH OPERATIO | N WAS PERFORMED | 20a AUTO | 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO | | | | |
| L | E E | | | | | | To the second | | | | | | |
| 5 | | 210. ACCIDENT WAS UNDE | | 21b. TIME O HOUR A. | FINJURY M. MONTH | DAY YEAR | 21¢ HOW INJURY OCCU | JRRED (ENTER NA | TURE OF INJURY IN ITEM | 18 PART 1 OR PART 2) | | | |
| 7 | 3 | (IF EITHER NOTIFY MEDIC | AL EXAMINER) | P., | | 19 | | | | | | | |
| | MEDICAL | 21d INJURY OCCURRE | | 21e PLACE (| OF INJURY REET, FACTORY, OFFIC | E. FARM, ETC) | 211 LOCATION STREET | | CITY OR TOWN | COUNTY | STATE | | |
| | | AT WORK NOT WHILE | | | | | | | 6 3 2- | 29 | | | |
| | | 22s.1 certify that (I) (| | | e deceased from | , | 7 19 | , to | -12 | 190 | ., that (I) (we) lost | | |
| | | saw the deceased above, (1) (we) (di | d) (did nat | view the bady | after death. | | nd that in (my) (aur) opinio | an death occurre | d an the date and | | | | |
| | | 226. SIGNATURE | Dal | 1 | | | DEGREE ATTENDING | / MEDICAL | STAFF | 22c. DAT | E SIGNED | | |
| | | They | 1 | tane | 49 | | PHYSICIAN | | PHYSICIAN | 6/ | 25/5/ | | |
| | | 22d. PHYSICIAN'S NA | | | | | 22e. ADDRESS | | | | | | |
| 1 | | Dr. Robe | | | | | 424 High | | | town, MD | 21620 | | |
| | | BURIAL, CREMATION, R | REMOVAL | 23b. DATE | | | EMETERY OR CREMATOR | CITY | ORTOWN | COUNTY | STATE | | |
| | | Burial | | 06-25- | 37 | Stevens | ville Cmetar | | ensville | Q.A. | MD | | |
| | 124 FI | INFRAL DIRECTOR | | | | | 25a D | ATE REC'D BY E | EGISTRAP 15h PEC | SISTRAP'S SIGNI | ATLIDE | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After

Tom Helfenbein Funeral Home, Chester, MD 21619

JUN 30 1987 Julia Deviden Radaes

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STATE OF MARYLAND 057520 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR 1. DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) OF ESTI-William David DEATH MATED 4. RACE DATE OF BIRTH AGE (IN YEARS IE UNDER 24 HRS 3. SEX DATE June LAST BIRTHDAY) PRONOUNCED YOUR DEAD July 15, 1921 65 YRS Male White 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) **IISA** DIVORCED Maryland WIDOWED ILED, V ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING (IFE) Severn 8050 Clark Station Road Farmer Self-Employed 8 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13b. COUNTY 13d INSIDE CITY LIMITS? 13a. STATE 8050 Clark Station Road 21144 Maryland Anne Arundel Severn 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FORM RM ES 1 AND O MIDDLE LAST MIDDLE FIRST William Ida Blunt Bussey 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (Wife) (YES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES) Roberta H. Bussey Same as #13 218.36.1406 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH CUTE RESPIRATORY PAILURE PART I DEATH WAS CAUSED BY F NO. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF HEF MEDICAL EXAMINER ALG USED AS A BURIAL-TRANSIT PI F HEALTH AND MENTAL HYG: ,, CREMATION, OR REMOVAL. Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost. RUNIC OBSTRUCTIVE PULMONARY DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT. IFICATION USED OF HEA 19a DATE OF OPERATION 20 AUTOPSY? CATA

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3 SHOULD BE UP.

E DEPARTMENT O'

TI PRIOR TO BUP! YES 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY--- STATE WHILE WHILE AT WORK STATE D Inspection 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion DIRECTOR: Accident Homicide death resulted from: Natural couses Undetermined monner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALLMORE, MA RITCHIE HWY SV. PR 23d. LOCATION June 25, 1987 Glen Haven MemorialPark Glen Burnie Burial Maryland A A co.

Funeral Home Glen Burnie, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 17 (VR A15 ME (5)) 15M 7/76 1875 11 27 11 38 ANDE MINTER SOLVER COUNTY DAY STOCK CIPALLY A SEAGER TO A SECRETARY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Theresa CLARA CALLAHAN 06 0755 3 SEX 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST RIRTHDAY MONTH DAY YEAR Female CAUCASIAN 12 11 1914 TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY ANNE ARUNDEL MD WIDOWEDTY DIVORCED II CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR ATHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Seamstress NDYSERVIA FORT MEADE KIMBROUGH ARMY HOSP USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13 8059 ACTES VICERATE Rd. Apt # 23 MD. YES T GLEN BURNT NO 🔽 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE ALFRED JASCHIK MILDRED 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (SON) ADDRESS Pages 8059 GREEN MICHAEL CALLAHAN NO 230-46-241 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),1 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH VENTRICULAR TACHYCARDIA/SUDDEN DEATH IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 24 hrs. Conditions, if ony, which MYOCARDIAL. INFARCTION gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 196 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES L NO YES [NO | Mentol Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 0 21d INJURY OCCURRED 21e PLACE OF INTURY 211 LOCATION COUNTY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (1) (th X XXXI) attended the deceased from 1800hrs 1 Jun

sow the deceosed olive on 0715, 2 Jun 19 87 obove, (Interest did) (add not view the body ofter death.

ROYAL,

MPORTANT MD, CPT, MC CLINIC, KACH, FT. MEADE, MD. MEDICAL shoul 0 230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION CITY OR TOWN STATE Burial 6-5-87 St. Mary's Annapolis Md 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE T.A. Hardesty Annapolis, Maryland 21401 (VRA 15, 4)

DEGREE

22e ADDRESS

ATTENDING

PHYSICIAN X

STATE

87

22c DATE SIGNED

2 JUN 87

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

MEDICAL

DHMH - 16 60M 7/84

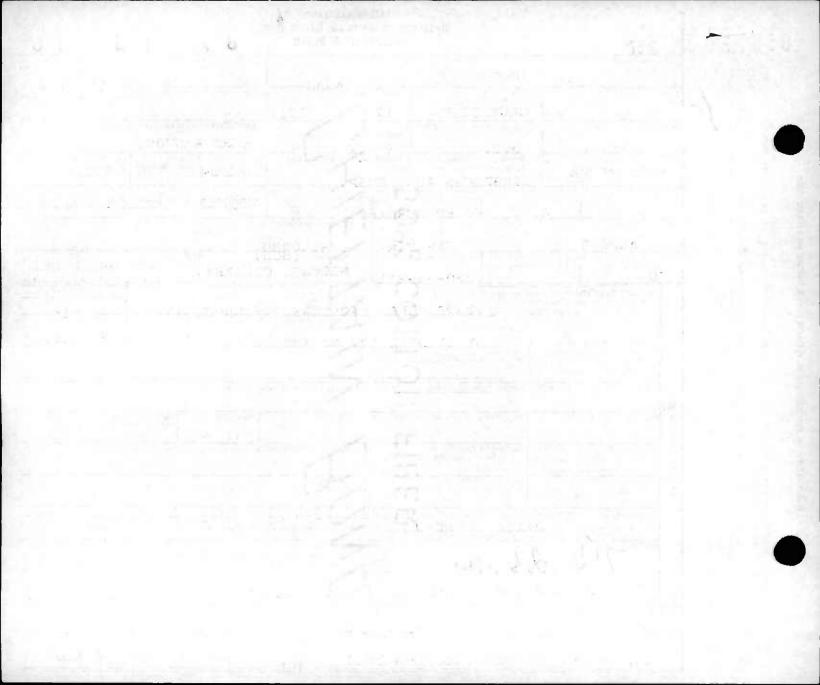
ld b

morked

 \pm

NOT WHILE

22b. SIGNATUI



| | - 0 0 | STATE REGISTRAR | / Gbj. | EDICAL EXAMIN | NER'S CERTIFI | CATE OF DE | ATH REG. NO | 5 / 2 | 1 |
|--|---------------------|--|---|--|---|--|--|-------------------------------------|-----------|
| | T. DE | CEASED NAME | FIRST | MIDDLE | LAST | | 24 DATE KNOWN X | MONTH DAY YEAR | 2b. HOUR |
| 의 등 전 등 다 | | | GEORGE Walt | | | | | 5-28-87 19 | M |
| DIRECTOR OUR FILES V72 HOURS ON STREET | 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN Y YEAR LAST BIRTHI | EARS IF UNDER 1 YR. | HOURS MIN | PRONOUNCED | MONTH DAY YEAR | 2d HOUR |
| 222 | | ale Whi | | 1 / 7 _ | rs. | | | 5-28-87 19 | 7:55P |
| X: | FO | RTHPLACE (STATE OR REIGN COUNTRY) | | VHAT COUNTRY? | - 12 | EVER MARRIED | 9. BALTIMORE CITY OF | - | |
| 3 | V | irginia TY OR TOWN OF DEAT | U.S.A. | OSPITAL, NURSING HOM | WIDOWED A | DIVORCED L | Anne Arun | del County of WORK 112b. KIND OF BU | MD. |
| 50 | A | 1. Buy 1646 | (IF NOT IN SUCH I | FACILITY, GIVE STREET ADDRESS | | FOI | R MOST OF WORKING LIFE) | Air Cond | ition |
| 4 | AI | nnapolis | Anne Anne Anne Anne Anne Anne Anne Anne | rundel Gener | | | ntractor | Refridge | ratio |
| 51 | 13a. S | TATE 113 | Anne Arundel | Crofton | 13d. INSIDE | CITY LIMITS? 13e ST | vidsonville | Pond | 23.0 |
| 9 | | aryland | Anne Alundei | CLOTTON | | IER'S MAIDEN NAM | | Road | |
| 1 | 17 3 | FIRST | Calvert | LAST | | garet C. | Davis | LAST | - 9 |
| ε. | 160 V | VAS DECEASED EVER IN | U.S. ARMED FORCES? | 16b. SOCIAL SECURI | | | 6368 McKen | 1 2 1 | - |
| 5/ | N. | | FYES, GIVE WAR OR DATES) | 577 10 861 | L1A Clar | e Whitbec | k-p-1-1-1-1 | dree Road Maryland 2075 | |
| | F | | (Enter only one cause per lir | | | | Dunklik, P | | |
| 1- | | PART I DEATH WAS | S CAUSED BY: | rterioscleroti | c cardiovascu | ılar disease | | BETWEEN ONSET | AND DEATH |
| A Ser | | 27774 | MMEDIATE CAUSE (d) | OR AS A CONSEQUENCE | | | | | |
| TST HY HY | 1 | Conditions, if on | | | | | | | |
| RAL | | gove rise to in | | 20.45.4.60.4550.454.65 | 0.5 | | | | |
| Z O E | 10 | cause (a) stating the lying cause last. | DUE 10, C | R AS A CONSEQUENCE | OF | | | 1000 | |
| OI | 145 | DART 2 OTHER CICHERANT (| ONDITIONS CONTRIBUTING TO DEAT | IN BUT NOT BELLATED TO THE TER | THOUGH OF TAKEN | ON CHIEN IN BART 1 | | | |
| | z | TAKE E OTHER STORIFICANT | CHAIRMAN CONTRIBUTING TO DEAT | M BOL WOLKETYLEO TO THE TEN | MINAL DISEASE OF CONDITI | UN GIVEN IN PART ((d). | | | |
| 5 - | 1 8 | 19g, DATE OF OPERAT | ION 196 CONE | DITION FOR WHICH OPE | RATION WAS PERFO | RMED? | | 20 AUTOPSYS | |
| Z / | CERTIFICATION | ST CB | | | | | | YES 📉 | NO [] |
| L | ERI | 21a. EXTERNAL CAUSE | | OF INJURY | | Y OCCURRED (ENTE | R NATURE OF INJURY IN ITEM 18 P | | |
| | | UNDERLYING OF | (| M. MONTH DAY YEA | AR | | | | |
| - | | CONTRIBUTING | | M. 19 | 21f. LOCATION | | | | |
| | DIC | 21d INJURY OCCURRE | D I ZIE FLACE | E OF INJURY (AT HOME, | ZII. LOCATION | | | | STATE |
| 9 | MEDICAL | 214 INJURY OCCURRE | HILE STREET, FA | ACTORY, FARM, ETC.) | STREET | | CITY OR TOWN | COUNTY | STATE |
| | MEDIC | 21d INJURY OCCURRE WHILE NOT W AT WORK AT WO | HILE STREET, FA | | STREET | | CITY OR TOWN | COUNTY | STATE |
| NAD, 21201 PRIOR IC | MEDIC | WHILE NOT W | /HILE STREET, FA | escribed obove, held on | Autopsy X, | Inspection . | Inquiry, one | COUNTY d in my opinion | STATE |
| TOWNER STORING | MEDIC | WHILE NOT W | HILE STREET, FA | escribed obove, held on | Autopsy X, | icide, Unde | | | STATE |
| WARYLAND, 21201 PRIOR TO | MEDIC | WHILE AT WORK AT WO 22a. I certify that I to death resulted fram: | /HILE STREET, FA | escribed obove, held on | Autopsy X, | SPECIFY) | Inquiry, one | d in my opinion | |
| KE, MAR CAND, 21201 FRIOR IN | MEDIC | WHILE NOT WAT WORK AT WO | /HILE STREET, FA | escribed obove, held on | Autopsy X, | SPECIFY) | Inquiry, one | | |
| MURE, MARTCAIND, 21201 PRIOR IN | MEDIC | WHILE AT WORK AT WORK 22a. I certify that I to death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME | HILE STREET, FA | lescribed obove, held on Accident , S | Autopsy X, suicide , Ham | icide Undo SPECIFY) Sistant ME | Inquiry one etermined manner | d in my opinion DATE 5-29- | |
| 1 | | WHILE AT WORK AT WORK 22a. I certify that I to death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) | HILE STREET, FA | lescribed obove, held on Accident , s Crita A. Kor | Autopsy X, suicide , Ham TITLE , M.D. ASS | SPECIFY) Sistant_ME | Inquiry one etermined manner, DICAL EXAMINER L Penn Stree | d in my opinion DATE 5-29- | |
| S BANTIMORE, MAKTLAND, ZIZUI PRIOR IC | 73a.B | WHILE AT WORK AT WO AT WORK AT WORK AT WO | HILE STREET, FA | lescribed obove, held on Accident , s | Autopsy X, Suicide , Ham TITLE M.D. ASS ENETERY OR CREMA | icide Undo SPECIFY) Kistant _ME 111 TORY 23d. | Inquiry once termined manner DICAL EXAMINER L Penn Stree | DATE 5-29- SIGNED 5-29- | |
| Comment in the control of the contro | 230.B | WHILE AT WORK AT WO AT WORK AT WORK AT WO AT WORK AT | HILE STREET, FA | lescribed obove, held on Accident , s | Autopsy X, suicide , Ham TITLE , M.D. ASS | icide Undo SPECIFY) sistantME 111 FORY 23d. I | Inquiry once etermined manner, once etermined, onc | DATE 5-29- SIGNED 5-29- t | 87 ATE |
| 69 LAFTER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYG | 23a.8 B 24. F | WHILE AT WORK AT WO AT WORK AT WORK AT WO | HILE STREET, FA | lescribed obove, held on Accident , S writa A. Kor 23c. NAME OF C. Nationa. | Autopsy X, suicide , Hom TITLE M.D. ASS ell, Maderess EMETERY OR CREMA 1 Memorial | SPECIFY) Sistant ME 111 FORY 23d. I | Inquiry once etermined manner, once etermined, onc | DATE 5-29- SIGNED 5-29- | 87 ATE |

nortern IsagerA sent to Theoretile Roads Engagett C. Bavis Allertonal Memorial Part | Talle Contol Virginia

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STATE OF MARYLAND

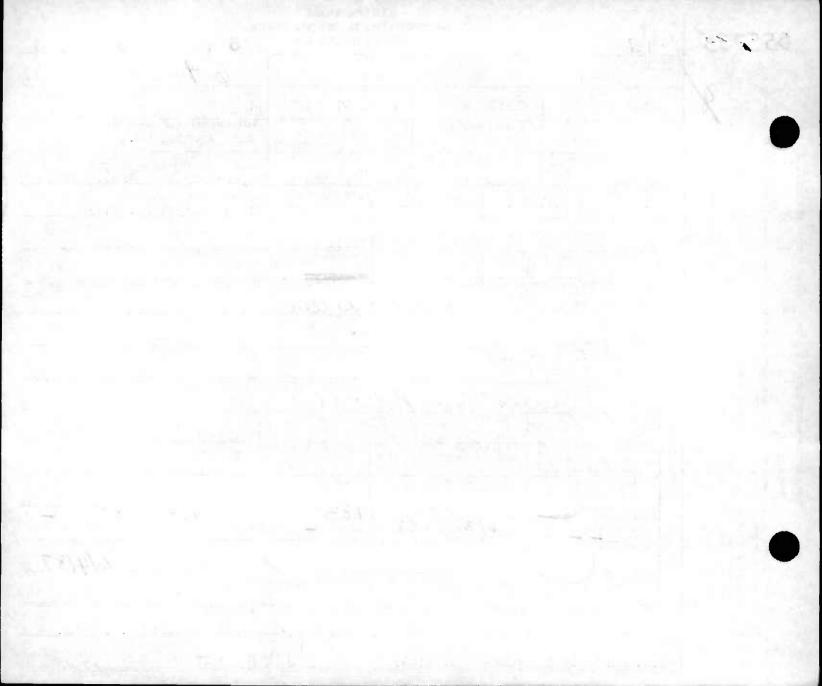
| 1 | TARETEM #1 | 7 fi 10/87 | lm #628 | 1v1 DEPARTM | | ICATE OF E | | IENE 8 ZEG. N | 0. | 5 / | 28 | | |
|---------------|--|--------------------------------|---|---|--------------|----------------------------|--|---|------------------|---|---|--|--|
| | CEASED NAME | FIRST | | Jerome | | rlin | | 2a. DATE OF DEATH | -8 | 7 YEAR | 2b HOUR | | |
| | Tale e | | White | | 5. DATE (| | 16 ^{AR} | 6. AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | HOURS MIN. | | |
| 1 | RTHPLACE (STATE OR F | ia | USA | WIDOWE | | | VORCED [| Anne Arun | Anne Arundel Co. | | | | |
| Ar | napolis | | Anne An | HOSPITAL, NURSIN CHFACILITY, GIVE STREET PUNDEL GET | neral | | ROTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Superviser | | E) INDUSTRY | Gov't | | | |
| 13bACONNTY | | | ON. GIVE RESIDENCE BEFORE ADMISSION) 13 CHOWN SVILLE | | 13d INSIDE C | NO | 13e.STREET ADDRESS 1004 Wall | | | 32 | | | |
| 16a \ | ATHER'S NAME FIRST PETER VAS DECEASED EVER YES, NO OR UNKNOWN) NO | | | Carlin 166 SOCIAL SECU 198-01=2 | | Anna 17 INFORMA Kath | | ADDRI | 13e | Boyle | AST | | |
| No | Conditions, if ony, gove rise to imr couse (o), stoff underlying cause | , which mediate ag the last. | DUE TO, C DUE TO, C DUE TO, C (c) | PR AS A ÇONSEQUE | ENCE OF | NOT RELATED | | NINAL DISEASE OR CON | DITION GIV | EN IN PART 1 | ta . | | |
| CERTIFICATION | 19a DATE OF OPERA | TION | 196 COND | ITION FOR WHICH | OPERATIO | | | | IN CERTIF | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO | | | |
| MEDICAL CES | 21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR | CAUSE OF DE | R) P | OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F | 19 | 21c. HOW IN | NC | RED (ENTER NATURE OF INJU | | RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY STATE | | | |
| 188 | 22a.1 certify that (I) | (This day) | ntal) ottended the | ne deceased from 19 after death. | | 1983 nd that in (my) | , 19 | , to of death occurred on the d | ote and hou | | , that (I) (was lost e causes stated E SIGNED | | |
| | 224 PHYSICIAN'S N | 724 PHYSIGIAN'S NAME TO SHELL! | | | | | ATTENDING PHYSICIAN SS | MEDICAL STA | | 6/ | 4/87 | | |
| 1 | BURIAL, CREMATION, (SPECIFY) Burial UNERAL DIRECTOR | REMOVA | 23b. DATE 6-6-8° | | | emetery or y of Th | e Field | 23d. LOCATION CITY OR TOWN ds Millers V E REC'D. BY REGISTRAR | | A.A. | Md . | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

fo FUNERAL DIRECTOR: a should be detached for use with the Store Dept. of Heal IMPORTANT. If them 21 is in

T.A. Hardesty Annapolis, Md. 21401

1987 JUN 5



| REGISTRAR REG. NO. 7. DECEASED NAME FIRST MIDDLE LAST 76. DATE OF DEATH MONTH DAY YEAR 15. HOUR 11YPE OR PRINT) 3. SEX REG. NO. 7. DATE OF DEATH MONTH DAY YEAR 15. HOUR 11 NOT YEAR 15. HOUR 12 NOT YEAR 15. HOUR 15. HO | |
|--|-------------|
| SEX Pemale White S. Date of Birth DAY YEAR DAY 1. CITIZEN OF WHAT COUNTRY? MARRIED NEVER | BO M |
| U.S.A. (WIDOWED'S) DIVORCED STATE AROUND TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 121. HOME OF HOURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 122. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 123. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 124. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | MIN. |
| JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | MD. S OR |
| MD A; A. Glen Burnie YES NO 102 CRAIN Huy 21061 FATHER'S NAME FIRST MODIE LAST LAST LAST LAST | |
| William Hill Rebecca RD APPRES 319 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT RD APPRES 319 NO. 19. INFORMANT RD APPRES 319 N | |
| 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), (ind) (ENAL FAILURE. SPECEN ONSET AND PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | AL ATH |
| Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OP AS A CONSIDER OF ARY INSUFFICIENCY 5 YEAR OF COURSE OF ARY INSUFFICIENCY 5 YEAR OF THE ARY INSUFFICIENCY | 4 |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 | |
| 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO | ? |

3 SEX

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH P.M

DAY YEAR

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

CITY OR TOWN COUNTY STATE

22a I certify that (I) (this hospital) ottended the deceased from sow the deceased alive on, obove, (1) (we) did) (did not) view the body ofter deoth

DEGREE

STAFF ATTENDING MEDICAL PHYSICIAN I DIRECTOR PHYSICIAN 22c. DATE SIGNED

231 NAME OF CEMETERY OR CREMATORY

Cremation BP.

CERTIFICATION

MEDICAL

WHILE

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

James S. Kirkley, 421 CrainHwy. S.E.

13 June 87

23b. DATE

250. DATE REC'D. BY REGISTRAR 251. REGISTRAP'S SIGNALUE

111 12 1087 Julia Danier Cape May County Crem

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

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ould be detoched the Store Dept.

IMPORTANT: If Ite

certificate has been

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RENALE FAILUNE STORE THE PARTY OF THE P AND SETES MELLITO - IS SUL Filed the manual state of the HAINLE TRANS

| | | | | STAT | E OF MARYLAND | | |
|--------------------|---------------|--|--|---|---|---|---|
| | 1- | FOR STATE REGISTRAR Dorothy | | CEDTH | IEALTH AND MENTAL HYG ICATE OF DEATH | 8 7 1 | 5 / 3 0 |
| JUL - | PTYPE | CEASED NAME FIRST DOROTHY | Jones | Gon | I RULL | REG. NO 26. DATE OF DEATH MONTH 6 6 6 6 AGE (INVERSIAST BIRTHDAY) | PAY YEAR 26 HOUR 9 97 2/15 M |
| | 3. SE | emale | 4 RACE white | Sept. | 18, DAY 1932 | 54 YRS. | MONTHS DAYS HOURS MIN. |
| <u>s</u> | | RTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COUN | JTRY2 8 | D KKNEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH |
| 35 | Mai | ryland | Usa | WIDOW | | ANNE ARUNAEL | LO MO |
| \$3 | H | NAPO (13 | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE HONE ARONDE | | | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Real Estate Ag | |
| A S | 13a S | at RESIDENCE (IF NURSING HOME OR STATE ISB COUN Bryland Ke | NTY 13c CITY OF | e before admission) R TOWN ertown | 13d. INSIDE CITY LIMITS? YES NO | 13e.STREET ADDRESS / ZIP CODE RFD Flatland Rd | 21620 |
| Jex / | 14. FA | ATHER'S NAME FIRST Herman | Jones | ST | Frances Be | rger | LAST |
| Z medical | 16a V | VAS DECEASED EVER IN U.S. AR XES NO OR UNKNOWN) [18 YES, GIV | | | | | Flatland ertown,Md. |
| nt, the | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| c eve | | Heran | | | | | |
| umat. | | Canditions, if any, which | DUE TO, OR AS ACON | SEQUENCE OF | emon Vasco | ulsactu | |
| ar ather traumatic | | gove rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CON | SEQUENCE OF | thereast Tu | man STAR 1988 | 1908 |
| injury, ai | NO | PART 2 OTHER SIGNIFICANT (| conditions <u>contributin</u> | G TO DEATH BUT | NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION GIV | EN IN PART Ito |
| 9 oms only | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FOR V | VHICH OPERATIO | N WAS PERFORMED | IN CERTIF | S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \) |
| em 18 sho | _ | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONT | H DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 P | ART I OR PART 2) |
| morked or It | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C | | 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| 21 is | 1 | 22a. I certify that (I) (this haspi sow the deceased alive an above. (I) (we) (dight (did no | | | nd tho (my) (our) opinion | death occurred on the date and hou | 19, that (II (we) lost r and from the causes stated |
| If Item | | 22b. SIGNATURE | B. Hend | e 7 | DEGREE ATTENDING PHYSICIAN C | MEDICAL STAFF | 221. DATE SIGNED |
| MPORTANT: If Item | | 22d. PHYSICIAN'S NAME (TYPE C | OR PRINT) | (- | 22e. ADDRESS | Z DIRECTOR THISICIAN | 10/10/07 |
| M. J. | 23a. E | BURIAL, CREMATION, REMOVAL SPECIFY Burial | | | CEMETERY OR CREMATORY | 23d LOCATION CHESTERTOWN, Mc | COUNTY 620 STATE |
| | | Durial | 6/22/87 | lunester | Cemeterv | mestertown, Mo | 1. 21020 |

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

BP.

(VRA 15, 4)

Chester Cemetery . Willis Wells

6/22/87

J. Willis Wells Chestertown, Md.

Chestertown, Md. 21620

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 250. DATE REC'D.

Julia Divider Rudale

Assert sudi The feet of the transport memory was A small to the Harris

| | 1. | FOR STATE | DEPARTI | NENT OF I | E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | IENE 8 7 | 1 5 | 1 | 3 1 |
|-----------------|---------------|--|--|------------|---|---------------------------|-------------------------|------------------|-------------|
| 10.0 | 14 | REGISTRAR | | | | REG. N | 0. | | 0 1 |
| 10 | | CEASED NAME FIRST | MIDDLE | 1 | LAST | 20. DATE OF DEATH | MONTH DAY | YEAR | 26. HOUR |
| | | Ethel | 6 | nano | man | (2) | 11-110 | / |) HM |
| | 3. SE: | 1 | 4 RACE | MONT | OF BIRTH H DAY YEAR | 6 AGE (IN YEARS LAST BI | MONTHS | R I YEAR DAYS | HOURS MIN. |
| 150 | | TEMALE | WHITE | May | 3, 1893 ^{EAR} | _ | 4 YRS | | |
| olice | 7a. BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIE | D NEVERMARRIED | 9 BALTIMORE CITY | OR COUNTY OF DE | ATH | |
| 0 | | irginia | DSA | WIDOW | | Hone f | trunde | 1 | MD |
| Ded . | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | | KIND OF | BUSINESS OR |
| E C | E | dgewater | PLCC | | | Housewif | | wn E | Iome |
| 3 7 | | AL RESIDENCE (IF NURSING HOME OF | OR OTHER INSTITUTION GIVE RESIDENCE BEFOR | | | 13e.STREET ADDRESS | / ZIP CODE | | |
| 5 | Ma | aryland Anne | Arunde ShadyS | | YES NO | 1718 Bay | View R | oad | 20764 |
| a i | 14. FA | THER'S NAME FIRST | MIDDLE LAST | | 15 MOTHER'S MAIDEN NA | ME | | | |
| XOX | 1 | Welford | Curtis | | Virgini | | H | arri | s |
| 00 | | VAS DECEASED EVER IN U.S. A | | IRITY NO. | 17. INFORMANT | ADDR | | | |
| med | (| res, no or unknown) (if yes, g | IVE WAR OR DATES) | | Virginia D | eMoreland | Same | as | #13 |
| or other troumo | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost | DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) | ENCE OF | | | | | |
| ury. | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN IN F | PART 110 | |
| lu X | TIO | 0/9/2011 | Drun cyn | 9/10 | YYU | ALLTOREY? | 20b. IF YES, WERE | FINITAL | OC HOED |
| 200 | CERTIFICATION | 190. DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATIC | IN WAS PERFORMED | 20a AUTOPSY? | IN CERTIFYING | | OF DEATH? |
| of S | ERTI | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | | 21c. HOW INJURY OCCUR | YES NO | YES _ | DART OL | NO 🗌 |
| 81 6 | | OR CONTRIBUTING CAUSE OF D | | AY YEAR | The rio was a sout occor. | LED LENIER MATORE OF INTO | RI IN IIEM IO PARI I OR | roni zj | |
| Her | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMIN | P.M. 21s PLACE OF INJURY | 19 | 211. LOCATION | | | | |
| o D | ME | WHILE IT NOT WHILE IT | LAT HOME STREET, FACTORY, OFFICE, | ARM, ETC) | STREET | CITY OR TO | OWN CO | YINU | STATE |
| Jork | | AT WORK AT WORK | | 5 | 12 | Sto | 5 | 27 | |
| IS I | | | oital) attended the deceased from | 53/ | nd that in (my) (our) apinion | death accurred an the d | 710 and hour and fe | | (we) lost |
| m 2 | | abave (Me) (did) (did r 22b. SIGNATURE | of view the body ofter death. | | DEGREE | beam accorred on me a | | c. DATE S | |
| # He | | SIGNATURE | 12 m /// 11/11/11/11 | 1 | ATTENDING _ | MEDICAL STA | | 6 LI | CO |
| ž- | | CI CYTY (| ()) (c) () III | | PHYSICIAN [| DIRECTOR PHYSIC | CIAN | 0/10 | 10/ |
| MPORTANT: | | CA MI E | ad wo | فلينيه | 205 RUS | el the | gnnap | bla. 1 | MB |
| 4 | | BURIAL, CREMATION, REMOVA | | | EMETERY OR CREMATORY | 23d. LOCATION | 7 COHN | TX | STALE - |
| | | Burial | 13June1987Ce | edar | Hill Cemete | ry Suitl | and op | G | Md |

DHMH - 16 60M 7/84

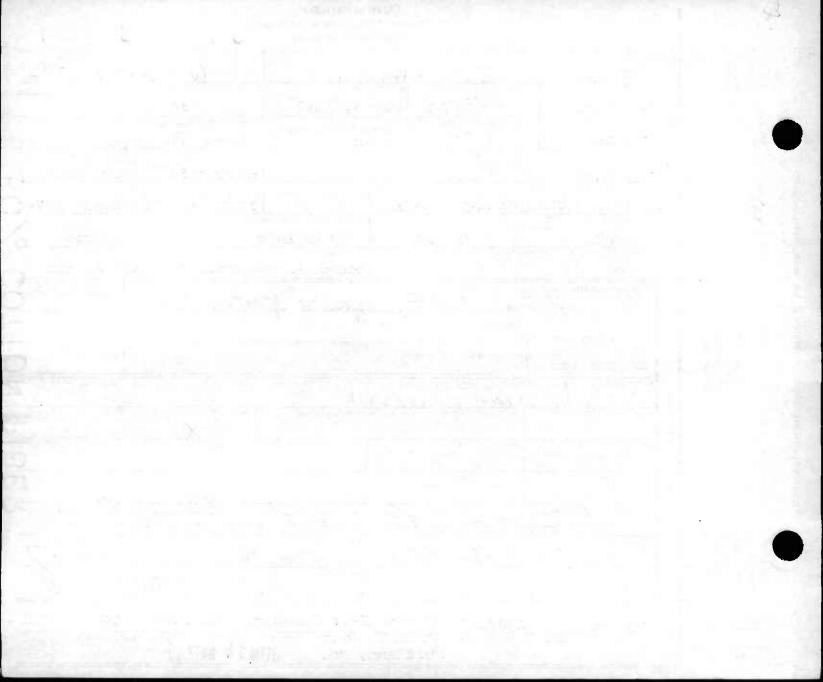
retained by the haspital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The

BP.

(VRA 15, 4)

13June1987 Cedar Hill Cemetery
Wilhelm Funeral Home | 250 DATE REC 24 FUNERAL DIRECTOR DETE Suitland, Md.

JUN 15 1987 Julia Discourt



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 2 | 1 | |
|---|--------|-----|
| 9 | REG. I | NO. |

| 7.46 | 1 | 11.3 | 1 |
|------|---|------|---|
| 2 | 1 | Ü | 4 |
| | | - | - |

| | 1 - | REGISTRAR | | CERTI | FICATE OF DEATH | 8 / REG. N | o. 5 ; | 1 3 2 |
|----|---------------|--|---|----------------------------|------------------------------|---------------------------|--|--|
| | YPE | CEASED NAME FIRST | Brennan | CHIR | ICHELLA | JUNE | 2 198 | 2b. HOUR |
| 3 | SEX | EMALE | 4. RACE WHITE | 5. DATE | OF BIRTH DAY 25 1897 | 6 AGE (IN YEARS LAST BIR | | YEAR IF UNDER 24 HRS |
| 1 | b. BII | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT CO | DUNTRY? 8. MARRII WIDOW | NEVER MARRIED DIVORCED | 9 BALTIMORE CITY C | | le/ |
| | O. CI | INAPOLIS | 11. NAME OF HOSPITAL MENOT IN SUCH FACILITY. | , NURSING HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | Blic Saha |
| 1 | JoUA 30. S | AL RESIDENCE (IF NURSING HOME OF TATE) | ROTHER INSTITUTION, GIVE RESIDE | OPTOWN | 113d. INSIDE CITY LIMITS? | 130 STREET APPRESS | The CODE LEVARD | EAST |
| 6 | FA | ATPICK | MIDDLE Bre | NNAN | 15 MOTHER'S MAIDEN NA | ME | FI | Thert |
| 7 | | (AS DECTASED EVER IN U.S. AI | RMED FORCES? 166 SOC IVE WAR OR DATES) | 30-1838 | Margaret Mr | ne Glan A | 51 Clarent | TON CT! 1D. 2140. |
| 1 | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI | | o), (b), and (c).) | west | | BETY | PROXIMATE INTERVAL VEEN ONSET AND DEATH |
| | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS ACC | VI | | | | |
| | NO. | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUT | ING TO DEATH BU | T NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIVEN IN PAR | IT Tro |
| | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOI | R WHICH OPERATION | DN WAS PERFORMED | 20a AUTOPSY? | 206. IF YES, WERE FI IN CERTIFYING CAU YES | |
| | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MOI | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | IRY IN ITEM 18 PART I OR PAR | T 2} |
| | MEDICAL | 21d INJURY OCCURRED WHILE OF WHILE OF WORK OF WHILE OF WORK OF WHILE OF WORK | 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR | | 21f. LOCATION STREET | CITY OR TO | OWN COUNT | Y STATE |
| | | | 1-13- | 19 87.0 | nd that in (My) Our) apinion | death occurred on he di | CALVIA | the couses stated |
| | | 226. SIGNATURE A W | Dade | | | MEDICAL STA | | 2/F7 |
| 1 | | DABBS C | W.A7 | | 27e ADDRESS | PDINGS | AUFAN | NAPOLIS M |
| 2. | 3e. B | URIAL CREMATION, REMOVAL | 13h DAY 0/017 | 230 NAME OF | CEMETERY OR CREMATORY | 23d. LOCATION | 2/99918 | STATE/ |

- 16 60M 7/84

BP

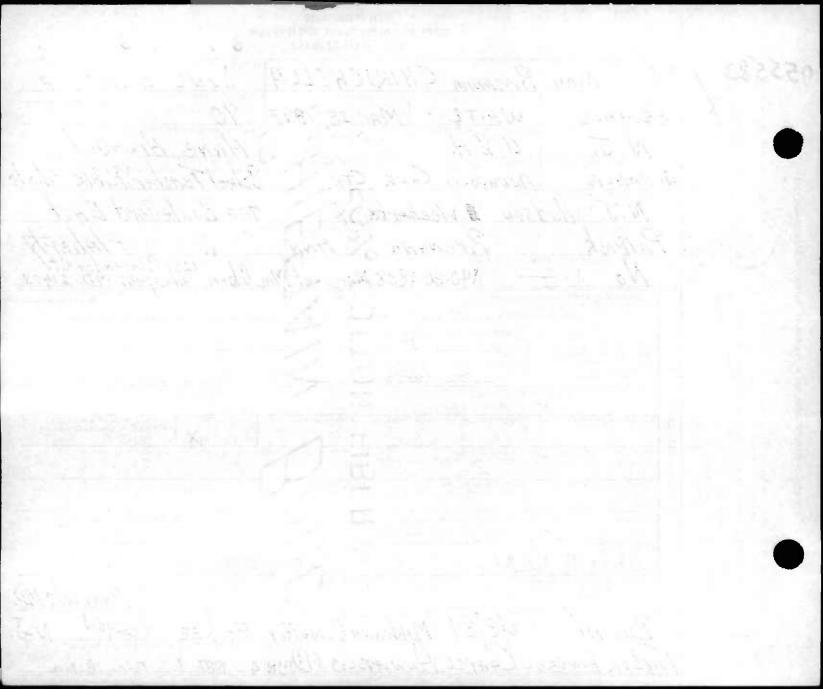
TO FUNERAL DIRECTOR:

should be detoched for use os the faural transit permit. Then pleose remove corbon with the Stote Dept. of Health and Mental Ingiene prior to burial, cremation, or re IMPORTANT: If Item 21 is marked or them 18 shows any injury, or other traumatic

OR ATTENDING PHYSICIAN The low

(VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



CTATE OF MADVIAND

| | 31 | RIEU | r m | MALE | ANU | |
|---------|-------|-------|-----|------|--------|---------|
| DEPARTM | ENT O | F HEA | LTH | AND | MENTAL | HYGIENE |
| | CERT | IFIC | ATE | OF | DEATH | |

| | 3 7 REG. | NO. | 5 | 1 | 3 | 3 |
|----------|---------------|-----------|---------------|--------|-------------|-----|
| 2a. DATE | OF DEATH | MONTH | DAY | YEAR | 26. HOUR | 17 |
| Ju | ine 2 | 1, 1 | 987 | | | ٨ |
| AGE (| IN YEARS LAST | BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER 24 | HRS |
| | | | T. Oast T. of | | | |

| , REGISTRAR | | | REG. NO. | |
|--|---|--|---|--|
| I. DECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR |
| Dona | ld H. | Clark, Sr. | June 21, 19 | 987 |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | FUNDER 1 YEAR IF UNDER 24 HRS |
| Male | White | April 7, 1921 | 66 YRS. | MOVING BATS HOURS MIN. |
| 70 BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTE | RY? 8. MARRIED NEVER MARRIED | 9. BALTIMORE CITY OR COUNT | TY OF DEATH |
| Virginia | U.S.A. | WIDOWED DIVORCED | Anne Arunde | el Co., Mc |
| 10. CITY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE ST | RSING HOME OR OTHER INSTITUTION REET ADDRESS) el Gen. Hospital | 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Meat Cutter | 12b. KIND OF BUSINESS OR |
| USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO | OR OTHER INSTITUTION GIVE RESIDENCE BE DUNTY 13c. CITY OR TO | FORE ADMISSION) OWN 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS / ZIP COL 1804 Ridgewic | ok Rd. 21061 |
| 14 FATHER'S NAME | | 15 MOTHER'S MAIDEN NA | | IAST |
| William | B. Cla | rk Myrt. | | (A3) |
| 160 WAS DECEASED EVER IN U.S. | | ECURITY NO. 17. INFORMANT | ADDRESS | |
| TAES HO OB ANKHOMM) (18 XES | GIVE WAR OR DATES | -5474 Juanita L. | Clark 1804 R | idgewick Rd. |
| PART I. DEATH WAS CAU | only one couse per line for (a), (b), ISED BY. IATE CAUSE (a) | | anthor | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if ony, which | DUE TO, OR AS A CONSE | QUENCE OF PUBLICA | | |
| couse (a), stating the underlying couse last. | DUE TO, OR AS A CONSE | QUENCE OF | | |
| PART 2 OTHER SIGNIFICAN | | TO DEATH BUT NOT RELATED TO THE TERM | | IVEN IN PART 110 |

| 9a. DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | |
|--|--|-------------------------|--------------------------|--|-------|
| | | | YES NO | YES 🗌 | NO 🗌 |
| 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY OCCURRE | D (ENTER NATURE OF INJUI | RY IN ITEM IB PART I OR PART? | , |
| 21d. INJURY OCCURRED WHILE NOTWHILE AL WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | WN COUNTY | STATE |

sow the deceased alive on 5/27 /67 above, (1) (we) (did) (did not) view the body after death 5/27/67 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 6/22/67

22e ADDRESS

Baltimore, Md. 4016 Ritchie Highway

230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE #urial Cedar Hill Cem.

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If them 21 is marked or them

CERTIFIC/

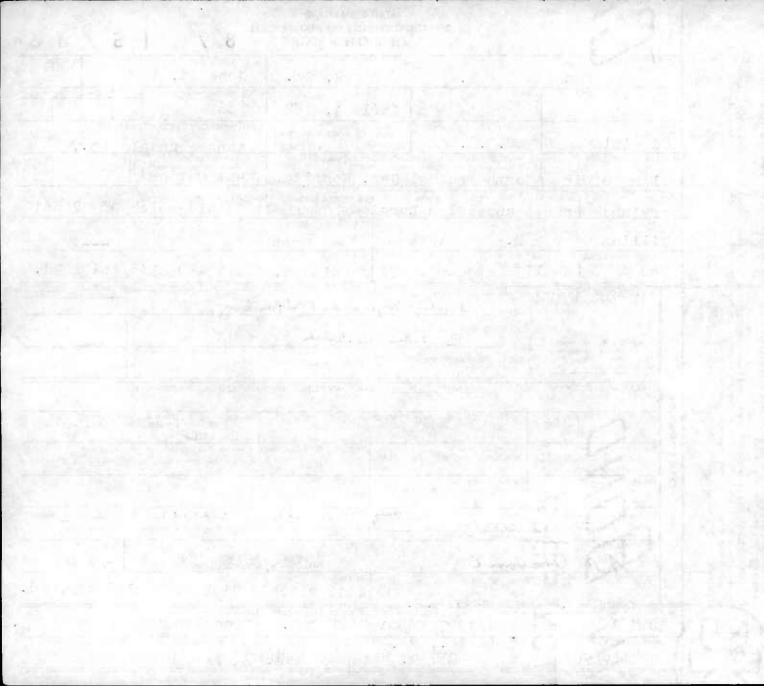
MEDICAL

24 FUNERAL DIRECTOR

FOR - STATE

Patapsco

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



| | 1. | FOR STATE REGISTRAR | DEPARTM | LENT OF H | E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH | IENE 8 Zeg. No. 1 | 5 / 3 4 |
|---|---------------|---|---|-------------------------|--|--|---|
| 7737 JUN | | CEASED NAME FIRST | WIDDLE | -,1 | AST | 20. DATE OF DEATH MONTH D | YEAR 26. HOUR |
| ge 3 eath | ((YPE | OR PRINT) WILLIA | 1 ph | Col | BORT | 61 | 7-87/700M |
| ge 4 mp ector, po | 3. SE. | M | 4. RACE | 5. DATE C | | | IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN. |
| ment Po | | RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND | Th. CITIZEN OF WHAT COUNTRY? U.S.A. | 8. MARRIEI WIDOWE | D NEVER MARRIED D DIVORCED | 9. BALTIMORE CITY OR COUNTY AND E ARONS | |
| by the fullet with | | ANNAPOLIS | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A | DDRESS) | ENETAL HISP | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 12b. KIND OF BUSINESS OR INDUSTRY |
| 24 hour | 13a. S | MARYLAND 136. COUN | | V | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CODE 3330 Arundel Or | The Bay Road |
| 1 2/ | 14. FA | THER'S NAME TILLARY | COLBERT' | | 15.MOTHER'S MAIDEN NAM | WIDDLE COLBE | |
| Don't | | VAS DECEASED EVER IN U.S. ARA | AED FORCES? 166. SOCIAL SECUL WAR OR DATES) 26-18 | | | apolis, Maress21403 I 3330 Arundel Or | The Bay Road |
| rtificat g physica on pap emaval event, h | | PART I. DEATH WAS CAUSED | y one couse per line for (a), (b), and) BY: E CAUSE (b) | l (c1.) | | (avcinoua | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| squires that the death or signed by the attending then please remave corling burial, cremation, or njury, ar other troumatin | NO | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT C | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D | NCE OF | NOT RELATED TO THE TERMI | NAL DISEASE OR CONDITION GIVE | N IN PART 1(0) |
| he law re an. has been t permit. iene prior | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION — | N WAS PERFORMED | | WERE FINDINGS USED YING CAUSES OF DEATH? |
| SICIAN: The graphs of physician priol-transit priol-transit priol Hygier from 18 show | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCURRI | ED (ENTER NATURE OF INJURY IN ITEM IB PA | RT 1 OR PART 2) |
| ING PHYS | MEDICAL | 21d. INJURY OCCURRED WHILE AT WORK AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA | RM, EIC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| OR ATTENDING ne hospital ar at DIRECTOR. After ached for use as t Dept. of Health o ff Item 21 is morke | | 220.1 certify that (I) (this haspite saw the deceased alive on_ above, (I) (we) (did) (did not | June 17 19 8 | marc Fon | , | eath occurred on the date and haur | ond from the couses stated |
| by the by the beat details and the state of | | 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR | Selouil, | u | DEGREE ATTENDING PHYSICIAN 122e. ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 221. DATE SIGNED 6(17/87 |
| TO HOSPIT efained by TO FUNER Thould be with the St | | Stuaut E. | Selouicuiu | | 5 (Svauldin | St Aunapolis u | ud 2401 |
| BP | (| specify) BURIAL | 6-22-1987 PI | NELAW | N MEM . PARK | 23d LOCATION CITY OR TOWN Annapolis | COUNTY STATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | Z4 F(| UNERAL DIRECTOR Annapout WILLIAM REESE & | olis, Md. 21401 SONS MORTUARY. | P.A. | 250. 9015 | RECD. BY REGISTRATE 256. REGISTR | AR'S SIGNATURE |

Commence Line And Developed trained and growth list washing fit which

| 5 5 | 6 5 7 Jul | | FOR STATE REGISTRAR | DEPAI | STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 7 REG. NO. | 157 | 3 EDT |
|---------------------------|--|-----|--|--|---|--|--|-------------------------------------|
| | | | DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH | | 2b. HOUR |
| | may be page 3 fer death | | KING | EDWARD | CONAWAY | JUNE | 2, 1987 | 1250 AM |
| | Tr. po | | SEX | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRT | HDAY) IF UNDER 1 YEAR | |
| | oge 4 | | Male | Black | 2 19 0 9 O 9 | 77 | YRS. | HOURS MIN. |
| • | uneral di nin 72 ho | 2 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Va. | 76 CITIZEN OF WHAT COUNTR | MARRIED NEVER MARRIED WIDOWED DIVORCED | A NTATES A F | RUNDEL COUNT | Y MD. |
| 9 07 | The first of the f | 4 | GLEN BURNIE | NORTH ARUNDE | SING HOME OR OTHER INSTITUTION LET ADDRESS) L HOSPITAL | 120 USUAL OCCUPATION OF NAME OF WORK FOR MOST OF | ON 12b. KIND C WORKING LIFE) INDUSTRY | OF BUSINESS OR |
| MARYLAND 2120 | filled in should be | 5 | MD 136. CO | | in Burniee No X | 134 STREET ADDRESS | n Rd. | 21061 |
| | ompletel | 4 | FATHER'S NAME GEORGE | W. Conawa | | MIDDLE | ΕΊΪ́ | S S |
| BALTIMORE | on and s. Pages. | | 60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, | | CURITY NO. 17 INFORMANT 0-3370 Cynthia M | ADDRES Iiddleton 1 | | ger St. |
| DS, 201 W. PRESTON ST | suites that the death ce legand by the attending then please remove corbo dibline), companion, or re many, or other traumotic or | | Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN | DUE TO, OR AS A CONSECTION OF AS | aucer of the | A 10 67. | OITION GIVEN IN PART 1 | 0" |
| AL RECOR | The tax re- ion. I permit it plene prior hows only it | 1 | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | CH OPERATION WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WERE FINDING CAUSES YES | NGS USED OF DEATH? |
| DIVISION OF VITAL RECORDS | PHYSICIAN inding physic this certificat a bural-train d Mental Hy dor Nem 18 s | 1 1 | OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF COLUMN AND COLUMN AN | DEATH HOUR A.M. MONTH | DAY YEAR 19 21! LOCATION | RRED (ENTER NATURE OF INJURY | | STATE |
| • DIVIS | AL OR ATTENDING the hospital or atte AL DIRECTOR. After estoched for use as the the Dept of Health on T. If hem 21 is morked | | 220.1 certify that (1) this ho | spital) attended the deceased from | DEGREE ATTENDING | death accurred on the date | te and hour and from the | that (1) (we) last causes stated |
| | D HOSPIT, Devide by Tonke by The Sta | 1 | JAMES J. B | ENJAMIN, M.D. | 22e. ADDRESS 6. | 33 OLD MILL F VILLE, MARYLA | ROAD | 0 / |
| | P ₽ ₽ ₹ ₹ ₹ BP | | Burial, CREMATION, REMOVA | AL 23b. DATE 23 | Cedar Hill Cem. | Anne A | rundel Co | STATE |
| [| OHMH - 16 50M 1/81 (VRA 15, 4) | 2 | Wm. NAMC. March | F/H 1101 ENESS | North Ave. 250. DA | TE REC'S BY REGISTRAR 2 | SE REGISTRAR'S SIGNAT | ÜRE |

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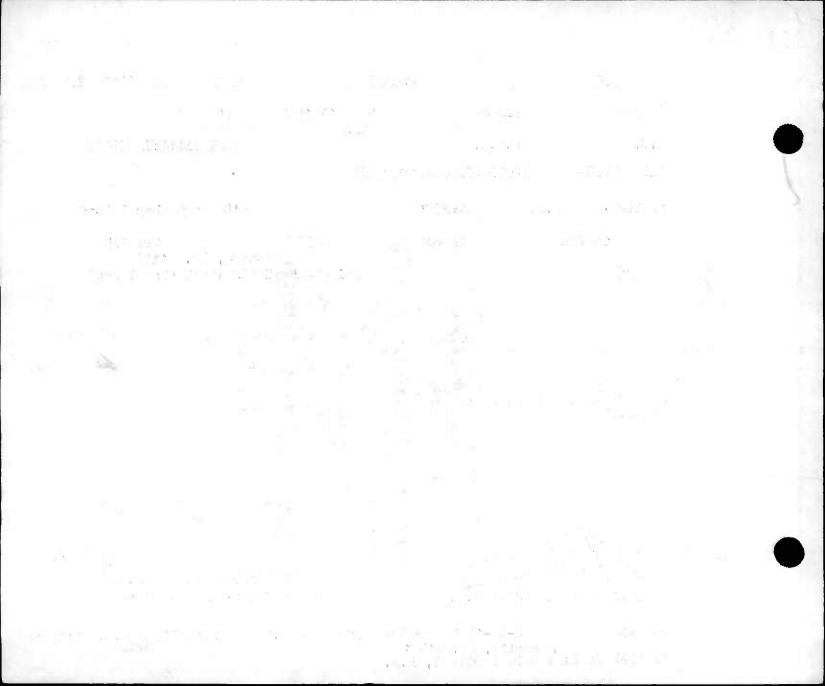
. C.M. . Kirottan at Zane

FOR

| STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | IENE | |
|--|------|----|
| LAST | 2a 1 | DA |

| 3 | ZREG. N | 10 | 5 | 1 | SEDP |
|------|---------|-------|-----|------|-----------|
| TE O | F DEATH | MONTH | DAY | YEAR | 2b. HOUR: |

| 7718 1116 | DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH 8 7 PEG NO 1 5 / 3 EDD | | | | | | | | |
|---|---|--|------------------------------------|--|---|--|--|--|--|
| | L DECEASED NAME FIRST | MIDDLE | LAST | REG. NO 20 DATE OF DEATH MONTH D | AY YEAR 2b. HOUR: | | | | |
| oth 3 | (TYPE OR PRINT) MARY | T | TAV. | | | | | | |
| may be page 3 er death | 3. SEX | T CONV | VA I TE OF BIRTH | | 1987 2.05 AMM | | | | |
| ctor s ofte | FEMALE | BLACK | 7 17 1922 | 64 YRS. | ONTHS DAYS HOURS MIN. | | | | |
| | TO BIRTHPLACE (STATE OF FOREIGN | | RIED STEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OF DEATH | | | | |
| n 722 | D.C. | I II C A | WED DIVORCED | ANNE ARUNDEL | COUNTY MD. | | | | |
| by the fundamental | GLEN BURNIE | 11. NAME OF HOSPITAL, NURSING HOM | AE OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 126. KIND OF BUSINESS OR | | | | |
| illed in | 13s STATE | R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS N | 13d INSIDE CITY LIMITS? YES NO | 136 STREET ADDRESS / ZIP CODE 618 Waugh Chap | el Road // 3 | | | | |
| 200 | FATHER'S NAME GEORGE | THOMAS | 15. MOTHER'S MAIDEN NA | GRI | FFIN LAST | | | | |
| | | RMED FORCES? 146 SOCIAL SECURITY NO | ALICE CONWA | denton, M&P.RES21113 Y 622 Waugh Chape | l Road | | | | |
| | PART I DEATH WAS CAUS | only one couse per light of ial ib pand is the ED BY. | ler Tabrelle | tin e D | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| Heath cert | Conditions, if any, which | DUE TO, OR AS A CONSEQUENCE O | · Coc. gel | ery Dosen | antly | | | | |
| od by the or please remo | gave rise to immediate course (a), stating the underlying course lost. | DUE TO, OR AS A SONSEQUENCE O | ending my | farcein | Beeles | | | | |
| require t. Then or to by | | wees falle | lees a | | | | | | |
| A D D D D D D D D D D D D D D D D D D D | 190 DATE OF OPERATION 170 ACCIDING WAS UNDERLYING | 196 CONDITION FOR WHICH OPERA | TION WAS PERFORMED | IN CERTIFY | WERE FINDINGS USED ING CAUSES OF DEATH? | | | | |
| a physic enticate iol-trans man last | Christman Carl Caust Of the | HOUR A.M. MONTH DAY YE | AR 21c. HOW INJURY OCCUR | RED ENTER HATURE OF PHILIES IN ITEM IS PA | et i de Part 21 | | | | |
| otherdon ter this is the bur the day | THE EITHER NOOF MEDICAL FRANCH THE TIME NOOF CCURRED THE TIME NOOF | 21e PLACE OF INJURY (A) HOME, STREET KACTORY, OFFICE FARM, ETC. | ZII EOCATION | CITE OF FOWN | COUNTY STATE | | | | |
| TTENDIA priol or TOR Al | | ortal) attended the deceased from | ayd that in (my) (our) opinion | death occurred on the date and hour | ond from the couses stated | | | | |
| t OR A the hos t DIREC | 17h SIGNATURE | | DEGREE | MEDICAL STAFF DIRECTOR PHYSICIAN | 6/248 | | | | |
| HOSPITA med by FUNERA old be do the Sto | THE HYSICIAN'S NAME IN | × | 22#. ADDRESS 206 | CRAIN HIGHWAY, S | | | | | |
| 0 2 0 2 1 3/ | ANASTACIO E. | | GLEN BURN OF CEMETERY OR CREMATORY | IE, MARYLAND. 210 | 01 | | | | |
| gp | BURIAL CREMATION, REMOVA | | | CITY OR TOWN | COUNTY STATE | | | | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | mapolis, Md. 21401 SONS MORTUARY, P.A. | CREST CEMETER | Annapo Je recd. by registrar 236 registr N 2 4 1987 | RAR'S SIGNATURE TYLAND | | | | |



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| | | 1 | | | | | | | OF MARYLAND | | | | | |
|--|---|---|--|------------------------|---------------|-------------------|-----------|------------|---|----------------------|--------------------------------|---------------|-----------------------------------|-------------------------------------|
| | www | 1 - | FOR STATE REGISTRAR | | | DEPA | | | EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 | 7 REG. NO | 1 | 5 / | 3 DST |
| 12 | O S JUN | | CEASED NAME FIRS | 1 | M | HODLE | | į. | AST | 2a DATE | OF DEATH M | HTMON | DAY YEAR | 26 HOUR |
| y be | 900 | | IDA | | M | | C | ONN | OR | | JUNE | 6 | 1987 | 1340 PM |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exercised within 24 hairs after discussion. To FINERAL DIRECTOR. After this certificate has been signed by the attending physician and conditions and units the function page 3 to FINERAL DIRECTOR. After this certificate has been signed by the attending physician and conditions and units the function page 3 with the State Dept. of Health and Mental Hygiene prior to bursol, cremator, are removal. IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other traumatic event, the median conditions are removed. | 3. SE | | 4 RA | 4 RACE | | | MONTH | DAY YEAR | 6 AGE | (IN YEARS LAST BIRTH | (DAY) | FUNDER I YEAR | HOURS MIN. | |
| 900 | on o | | Female | | aucasi | | | CT | 12, 1914 | | 72 | YRS | | |
| ii. | 25 CD// | 70. BIRTHPLACE (STATE OR FOREIG COUNTRY) CUDA | | | ITIZEN OF V | VHAT COUNT | RY? 8 | ARRIEI | NEVER MARRIED | 9 BALTI | MORE CITY OR | | | |
| deat | 1 / A | - | | | USA | | | DOWE | | | ANNE AR | | | Y MD. |
| n offer | 54 | | GLEN BURNIE | (| NORTH ARUNDEL | | EL H | | | (TYPE OF | AL OCCUPATION WORK FOR MOST OF | | 12b KIND C INDUSTRY P.G. C | School ounty |
| 2 | 100 | 13a S | AL RESIDENCE (IF NURSING HOSTATE 136.0 | ME OR OTHER | | GIVE RESIDENCE BE | | ISSION) | 13d. INSIDE CITY LIMITS? | 13e STRE | ET ADDRESS / | ZIP CODE | | |
| 1.24 | | | | ne A | rundel | Crof | | | YES XX NO 🗌 | 1 | Truro | | | 14 |
| # | | | THER'S NAME | MIDDLE | E | LAST | | | 15. MOTHER'S MAIDEN NAM | ME | MIDDLE | | (AS | i. |
| P | WALL OF THE PARTY | 2_ | Alfredo | | | Mo | la | | Adolfina | | | de: | a Torr | |
| о еквол | Popes Popes | 160 V | VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (IF Y | S ARMED ES GIVE WAR | | 579-38 | -194 | | John P. Conne | or (| 1710 Tru | ro .! | Road 21114 | |
| ote 6 | sica per ol. | | 18 CAUSE OF DEATH (En | er only one | e couse per | line for (a), (b) | , and ici | 1 | | , | J | | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH |
| THE | ng physic bonpope r removol. | | PART I. DEATH WAS C. | AUSED BY: EDIATE CA | | Con | Cil | ~0 | me a | t | ing or | ling | 2 | |
| oth certifi ending pl carbonp n, or remo | | | | | | AS A CONSE | QUENCE | OF | 1 | (| 1 | 0 | | |
| e deoth ce attending nave carb ation, or r traumotic | | Conditions, if any, which | h (| (b) | h | OH | C | Metas- | tes | 2 | | | | |
| hot the | by the ase ren l, crem other i | | gave rise to immedia couse (0), stating the underlying cause las | ne j | DUE TO, OR | AS A CONSE | QUENCE | OF# | emater. | 29 | | | | |
| duires | quires that signed by then please to burial, cr njury, or oth | | PART 2 OTHER SIGNIFICA | ANT COND | DITIONS CO | INTRIBUTING | TODEAT | H BUT | NOT RELATED TO THE TERM | INAL DISI | EASE OR COND | ITION GIV | EN IN PART 1: | al |
| ne law re | permit permit sony | CERTIFICATION | 19a DATE OF OPERATION | | 19b. CONDI | TION FOR WH | IICH OPE | RATIO | N WAS PERFORMED | 20o A | UTOPŠY? | | , WERE FINDII YING CAUSES S | |
| ysicio | ansit 1/ygu | 8 | 210. ACCIDENT WAS UNDERLYIN | 16 🔲 | 216 TIME OF | | | | 21c HOW INJURY OCCUR | | | | | |
| CIA | | ¥ | OR CONTRIBUTING CAUSE | | P.A | M. MONTH | DAY | YEAR 19 | | | | | | |
| PHYSI | £ . T | MEDICAL | 21d INJURY OCCURRED | 7 | 21e PLACE C | | ICE, FARM | | 211. LOCATION STREET | | CITY OR TOW | /N | COUNTY | STATE |
| NG | fter os th th or orke | 1 | AT WORK AT WORK | | | | | - | 11 | | | | | |
| TENDI | TOR: A for use of Heal | | 22a. I certify that (I) (this saw the deceased oli- above, (I) (wor (did) (a | ve on _ | Man | 7_1 | 987 | , ar | d that in July) (aur) aprinian | ta death occ | urred an the dat | e and hou | | that (i) (we) last couses stated |
| R All | REC hed the ept. | | 22b. SIGNATURE | ito mail viev | w the bady i | offer death. | 1 | - 1 | DEGREE | | | | TIL DATE | SIGNED |
| AL O | 0 0 0 ± | | | - | , | | | / | ATTENDING 1 PHYSICIAN | MEDIC | OR PHYSICI | AN [] | 6/6 | 187 |
| HOSPIT | FUNER old be o | | 224 PHYSICIAN'S NAME | TYPE OR PRIN | IT) | | | | 742 | | LTIMORE | | | BLVD. |
| of of of | 5 4 3 F | 23a | BURIAL, CREMATION, REMO | DVAL 23 | b. DATE | M 12 | 23c NAM | E OF C | EMETERY OR CREMATORY | 23d LG | MARYI AN | u) 21(| 161 | |
| RF | | | Burial | | | | | | Heaven Cem. | | CITY OR TOWN | min.c | Monte | STATE MT |
| | | 24 FI | JNERAL DIRECTOR | 140 | | | | | | | lver Sp BY REGISTRAR 2 | | | |
| | 1 - 16 60M 7/B4 VRA 15, 4) | B | eall Funeral | Home | 6 | Bowie. | 33 | - | 715-3043 JUN | V + C | 1007 | | | |
| , | | - | TOTAL TOTAL | 11000 | | 201120 | 7.177 | 20 | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | - | 1.1301 | (1) | index. | territoria. |

CLE HURVET LORGE ARLESTED LAGSFIFAL

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STATE OF MARYLAND



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|) | 12 | FOR STATE REGISTRAR | DEPAR | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIENE 8 | REG. NO. | 1 5 | 7 | 4 d ot |
|--|---------------|---|---|---|-------------------------|--------------------------------|--------------|-------------|-----------------------------|
| 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | CEASED NAME FIRST SARAH | MIDDLE | CRANFORD | 2a DATE C | JUNE MONTH | 21, | 1987 | 26 HOUR, 0813 _M |
| ecto, pogos otter dec | 1. SE | Demele 1 | I RACE Preste | 5. DATE OF BIRTH MONTH 12-24-1908 | 6 AGE (IN | YEARS LAST BIRTHDAY) | | DER I YEAR | IF UNDER 24 HRS. HOURS MIN. |
| leoth. Pag | √a. 8 | RISPINCE ISTATE OF FOREIGN | 76. CITIZEN OF WHAT COUNTRY | | 9 BALTIM | ANNE AR | INTY OF D | | TY MD. |
| urs offer dec | 11113 | GLEN BURNIE | (IF NOT IN SUCH FACILITY, GIVE STRE NORTH ARUN | DEL HOSPITAL | 170 USUAL 1792 OF WO | OCCUPATION RX FOR MOST OF WORK | NG LIFE) 121 | NIN OR | BUSINESS OR |
| in 24 hour hould be must be | 130 | sud, | | YES NO NO | 410. | ADDRESS ZIP C | CODE | . | 2/223 |
| ALTIMORE, MARYLAND 2120 te be executed within 24 hours. icion and completely filled in by bers. Pages 1 and 2 should be file 51. The medical examiner must be as | 1 | Robert B. | MIDDLE Canderson | IN MOTHER'S MAIDEN NA | 34. | She | jon | LAST |) |
| be executor on and control or and co | 160 | | MED FORCES? (E WAR OR DATES) 77-35 | - 5803 They H. Me | Elin | 1036 OR | och i | Vice | Ane and DEATH |
| that the death certifical by the ottending physes e move carbonpapal, cremation, ar remark or other traumatic event. | | PART I. DE ATH WAS CAUSE | DUE TO, OR AS A CONSEC | UENCE OF UE Stevet | Fo 1 | | | | |
| S, 20 | NO | PART 2 OTHER SIGNIFICANT | | DEATH BUT NOT RELATED TO THE TER/ | | | | PART 110 | |
| AL RECORD he low requency non- the low requency has been s there prior to lene prior to | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | 20a AUT | OPSY? 70b. H | | CAUSES (| GS USED OF DEATH? NO |
| DIVISION OF VITAL ING PHYSICIAN: The rottending physician witer this certificate his as the buriol-transit pin and Mental Hygien arked or item 18 show arked or item 18 show and many properties. | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (1F EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE | HOUR A.M. MONTH | 19 211 LOCATION | RRED (ENTERN | CITY OR TOWN | | OUNTY | STATE |
| DIN Spirol or o CTOR: Afre d for use os c. of Health n 21 is mork | | 220.1 certify that (1 (1) is hosp saw the deceased alive on abave (1) we) (did) (did no | ital) attended the deceased from 6 – 2 / 19 | ond that in (my) (our) opinion | 2, to | 6 - 21 ed on the date onc | | from the co | |
| TAL OR. yy the ho RAL DIRE detochec tore Dept | | Elward of | Stermo | DEGREE ATTENDING PHYSICIAN | MEDICA1 DIRECTO | STAFF | | 6-2/ | d > |
| HOSPI ined b FUNE old be the S | | 22d. PHYSICIAN'S NAME (TYPE C | | 22e. ADDRESS | | JAHART RO MARYLAN | | | 203 |
| of of of w | 23o | BURIAL CREMATION, REMOVAL | SHERMAN M. D. | HAME OF CEMETERY OR CREMATORY | | | - 410 | IV. I | 1 |

BY REGISTRATES REGISTRATES SIGNATURE
1987 Julia Dandson Radas

DHMH - 16 60M 7/84 (VRA 15, 4)

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| | - | | | | STATE O | F MARYLAND | | | | |
|--|----------------|---------------|---|--|--|---------------------------|--|--------------------------------|------------------------|-----------------------------------|
| 57881 JU | 123 | ों - | FOR STATE REGISTRAR | DEP | | LTH AND MENTAL HYC | 8 / | 15 | 1. | 4 |
| | | 1. DE | CEASED NAME FIRST | MIDDLE | LAST | | REG. NO | O. DAY | YEAR | 2b. HOUR |
| e e e | | | OR PRINT) MARY | W14450N | CUNNIN | NCHAM | 16.5112.51 | 6 21 | 87 | 1715 " |
| pog progest de | | 3. SE | | 4. RACE | 5. DATE OF E | | 6. AGE (IN YEARS LAST BIRT | | DER I YEAR | IF UNDER 24 HRS |
| ge 4 r ector, urs ofte | / |] | ELMALE | WHITE | ************************************** | 27 17 | 70 | YRS | S DAYS | HOURS MIN. |
| | 20// | 70. BI | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNT | MARRIED WIDOWED | | ANNE / | RCOUNTY OF | - | MD. |
| o) s ofter d by the fu | John Contified | | rownsville | 11. NAME OF HOSPITAL, NU. (IF NOT IN SUCH EACILITY, GIVE S Fairfield | | | 120 USUAL OCCUPATION OF WORK FOR MOST OF | | L KIND OF | BUSINESS OR |
| 21 hou hou be | See to | | AL RESIDENCE (IF NURSING HOME O TATE 136. COU | NTY 13c, CITY OR | | INSIDE CITY LIMITS? | 130 STREET ADDRESS | ket Str | 14C |)(|
| MA ba | Cominer | 14 FA | THER'S NAME FIRST USSELL | MIDDLE WILLS | 15 | MOTHER'S MAIDEN NA | ME | WES | | T |
| MORE, | medicol | | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 166. SOCIALS | 2 1346B | THOMAS T |). CUNNI | SS | | +13 |
| SALT SALT | the . | | 18 CAUSE OF DEATH (Enter o | nly one couse per line for (o), (b |), and (c) | | | | | ATE INTERVAL NSET AND DEATH |
| 0.0 | event | | | TE CAUSE (o) A1z | heimer's | s Disease | | 110 | | |
| ding or so | otic | | | DUE TO, OR AS A CONSI | FOLIENCE OF | | L 0 | | | |
| EST deot deot ove sove tion, | mno. | | Conditions, if ony, which | (b) | | | | | | |
| hot the by the by the cree is creen. | other | | gove rise to immediate couse (a), stating the underlying cause lost. | DUE TO, OR AS A CONSI | EOUENCE OF | | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 DING PHYSICIAN: The low requires that the death cert in the executed within 24 has or otherding physician. After this certificate has been signed by the attending the light and completely filled as as the buriol-tronsit permit. Then please remove cordonospers. Pages and 2 should be obth and Mental Hygnene prior to buriol, cremotion, or removal. marked or Item 18 shows any injury, or other troumatic event, the medical Rominer mast | njury, or | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NO | OT RELATED TO THE TERM | AIN AL DISEASE OR CON | DITION GIVEN IN | PART 110 | |
| AL RECOI | | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WE | HICH OPERATION V | WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WE IN CERTIFY INC | RE FINDING CAUSES (| GS USED OF DEATH? |
| ION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 HYSICIAN. The low requires that the death criticals be executed within 24 hadding physicion. The servictor been signed by the attendial of the form and completely filled buriel-tronsit permit. Then please remove corbonopers. Pages on 2 should be I Mental Hygiene prior to buriel, cremotion, or removal. | | | 2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH | DAY YEAR | 1c. HOW INJURY OCCUR | - 11 | | OR PART 2) | - U |
| IVISION JG PHYS ottending ter this c s the bur h ond Me | ō | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF | 21 | II. LOCATION STREET | CITY OR TO | wn (| OUNTY | STATE |
| DIO o o o | 21 is | | 22a. I certify that (I) (this hasp sow the deceased alive or above (I) (we) (did) (did or | | | hot in (my) (our) opinion | Z, to | 7 , 19 te and hour and | | nat (I) (we) lost ouses stoted |
| | * | | 1226 SIGNATURE | -Pa | DEC | ATTENDING PHYSICIAN | MEDICAL STAF | F | 22 A | igned 97 |
| HOSPIT bined by FUNER ould be o | PORTAN | 2 | William P. | Jones, M.D. | 27 | 2e ADDRESS | ca Ct. Day | B. H. E | 1110 | , Md. |
| | ₹ 1 | 23a B | | | 231 NAME OF CEM | | 23d LOCATION | . 2 | C | MA |
| | (0) | 24 FL | NERAL DIRECTOR | 172701 | 1 | 25n DAI | E REC'D BY REGISTRAR | 75h REGISTRAD | SIGNATU | PE IU, |
| | /81 | TA | glor Finns | em CHAPSE A | funson. | S MOTHIN | 25 1007 / | R. | A D | |
| | | | | | | | 1301 77 | The second second | STATE OF THE PARTY. | |

CALLE TO ALLE of WHEN DC. LUSP. PENSHIPHER HOLLS RUSSELL "WILLSON EUNICE WESCOTT 04 2245217458 THERES D COUNTERFINE BAYS Latina Late Comment Weller Of Francis Mills as the services is a said INTERIOR 0/22/87 COOR HILL CROWN SINTERIOR VS. 145 tolled to be the laws hungares AD wing and Later to

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH FREG NO LAST 20 DATE OF DEATH MONTH MIDDLE 2b HOUR CUSTMANO SR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 01-20-1936 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORKING LIFE) INDUSTRY, 13c CITY OR TOWN 13d. INSIDE CITY LIMITS2 LENSTOWN YES T 15. MOTHER'S MAIDEN NAME ADDRESS 17 INFORMANT

18. CAUSE OF DEATH (Enter only one course per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID DUE TO: OR AS A CONSEQUENCE OF DUE TO: OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 786 IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 78e AUTOPSYT IN CERTIFYING CAUSES OF DEATH? YES [216 TIME OF INJURY TIL HOW INJURY OCCURRED I ENTER NATURE OF INJUST IN HEM HE PART I OR PART IT HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY TIL LOCATION Copiete AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN BEATS

> and thor in Imy DEGREE

> > 72+ ADDRESS

ATTENDING

PHYSICIAN

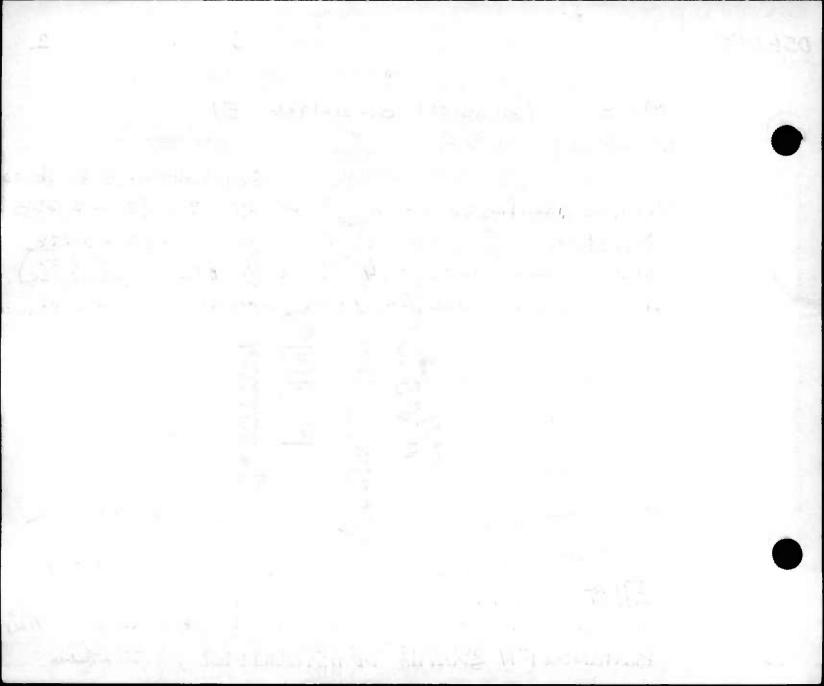
DHMH - 16 60M 7/B4 (VRA 15, 4)

CREMATION, REMOVAL

73a BURIAL

23c NAME OF CEMETERY OR CREMATORY

STAFF



| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havin after death. Page 4 may be retained by the haspital or attending physician. | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in within turninal director, page 3 should be detached for use as the burial-stonist permit. Then please remove carbon pages. Pages A and 2 should be in accommitten 72 hours after the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Hem 21 is morked or Hem 18 spays any injury, or other troumatic event, the medical examine, master harrings of e |
|--|---|---|--|
| DIVISION OF VITAL RECORDS, 20 | TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires retained by the haspital ar attending physician. | TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carban paers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. | IMPORTANT: If them 21 is morked or them 18 shows any injury, a |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 4 SEDT

| | FOR STATE REGISTRAR | | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 SEG. NO. 1 5 / 4 3E | | | | | | | |
|----|---|---|---|---|---|-----------------|--|----------------|--|--|
| 4 | DECEASED NAME FIRST | WIDDLE | | AST | 20 DATE OF DEATH | | | HOUR | | |
| 1 | CHARLES | ALLMAN | CUS | ΓY | JUNE | 26, | 1987 | 540 AM | | |
| I | 3. SEX | 4 RACE | 5. DATE C | | 6 AGE IN YEARS LAST BIRT | HDAY) IF U | | FUNDER 24 HRS | | |
| Ì | Male | White | June | | 84 | YRS. | | | | |
| | To. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT | OUNTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY O | _ | | | | |
| | Maryland | U.S.A. | WIDOW | | | RUNDEL | | MD. | | |
| 4 | GLEN BURNIE | NORTH A | RUNDEL HOS | PITAL | 120 USUAL OCCUPATION OF WORK FOR MOST OF Yardmaster | F WORKING LIFE) | 126. KIND OF BUSINESS OR INDUSTRY B & O R/R | | | |
| 7 | USUAL RESIDENCE IF NURSING HOME OF 13th COU Maryla nd Balt | NTY 13c. CIT | dence before admission) IY OR TOWN Ltimore | 134 INSIDE CITY LIMITS? YES NO 🔀 | 13e STREET ADDRESS / 4140 Annap | | 2122 1. Apt. | | | |
| 0 | FATHER'S NAME FIRST Francis | MIDDLE (| LAST Custy | 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Anna | | | Landers | | | |
| | 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? 16b SC | CIAL SECURITY NO. | 17 INFORMANT | ADDRE | SS | | | | |
| p) | NO NO | ne 705 | .05.3729 | Elisabeth J. | Custy (Wif | e) Same | as 13 | | | |
| | Conditions, if any, which gave rise to immediate cause lat, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | DUE TO, OR AS A (c) (c) CONDITIONS CONTRIB | CONSEQUENCE OF | NOT RELATED TO THE TERM | 20a AUTOPSY? | 20b. IF YES, W | IN PART 110 /ERE FINDING | | | |
| - | On CO. Inhimiting Chilling Or D. | HOUR A.M. M | RY ONTH DAY YEAR 19 | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | YES T | | NO 🗌 | | |
| | OR CONTRIBUTING CAUSE OF DIT | 21e PLACE OF INJU | JRY ORY, OFFICE FARM, ETC.) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE | | |
| | saw the deceased plive a | 220.1 certify that (1) (this haspital) attended the deceased from | | | | | | | | |
| | PAUL I Y | NING-HYMAN | M.D. | PHYSICIAN L 22e ADDRESS 20 GLEN BU | □ DIRECTOR □ PHYSIC OO HOSPITAL RNIE MARYL | DRIVE, | | 26, 198 500 | | |
| | 23a BURIAL, CREMATION, R. MOVA (SPECIFY) BURIAL | Jun 29, 198 | 25/1 | remetery or crematory on Cemetery | 23d. LOCATION CITY OR TOWN Woodlawn | C | Balto | Md. | | |
| | 24 FUNERAL DIRECTOR NAME Singleton Funera | Home, Gler | Burnie, N | 1111 | TE REC'D. BY REGISTRAR N 3 0 1987 | 256 REGISTRAL | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

An 146th Johnson Halle Sale

oge 3 death

physician

4O FUNERAL DIRECTOR: After this certificate has been signed by the otherhaing physician should be detached for use as the buriol-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal IMPORTANT: If them 21 is marked or the 118 states any injury, or other traumatic event, the internal internal indicates the property of the 12 is marked or the 118 states any injury, or other traumatic event, the internal internal internal indicates the property of the 12 is marked or the 118 states and 12 is marked or the 12

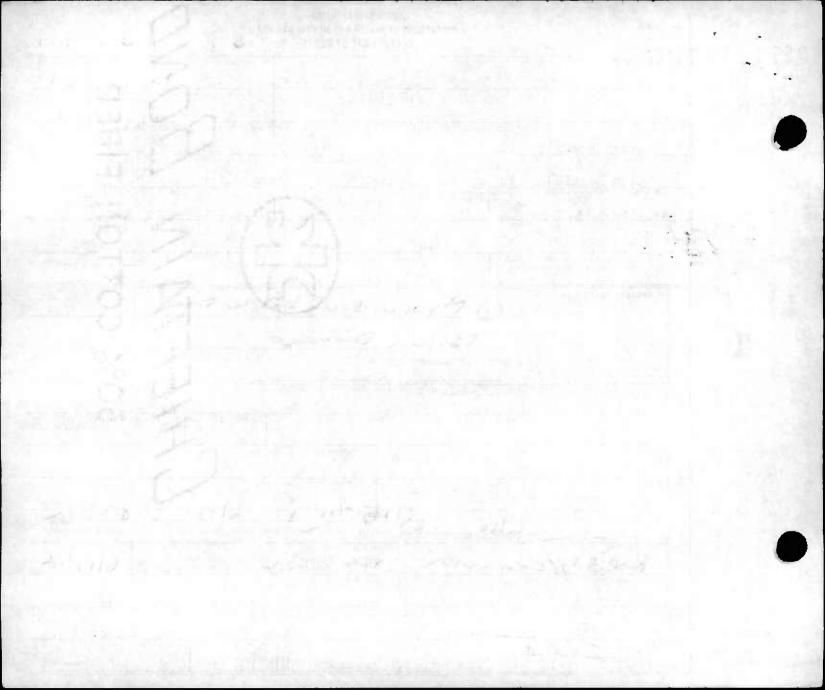
ATTENDING PHYSICIAN: The law ispital or ottending physician.

STATE OF MARYLAND

| STATE OF MARITAINS |
|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE |
| CERTIFICATE OF DEATH |

| FOR STATE REGIST | TRAR | | DEPARTA | | ICATE OF DEATH | GIENE 8 | NO | 5 / | 44 |
|--|---|-------------------|----------------------------------|------------|---------------------------------------|---|---------------------|-----------------|-----------------------------------|
| 1. DECEASED | NAME FIRST | | MIDDLE | | AST | 20 DATE OF DEATH | | AY YEAR | 2b. HOUR |
| TYPE OR PRINT) | Phili | n | Gage | Da | niels | Tı | ine 16 | 1987 | 30. |
| 3. SEX | 111111 | 4. RACE | Gage | 5. DATE C | | 6 AGE (IN YEARS LAST | | | IF UNDER 24 HRS |
| Male | | Wh | ite | MONT | 3, 1905 YEAR | 82 | YRS. | ONTHS DAYS | HOURS MIN. |
| 70. BIRTHPLAC | CE I STATE OR FOREIGN | | WHAT COUNTRY? | 8 | V | 9 BALTIMORE CITY | | OF DEATH | |
| COUNTRY | sachusetts | USa | | MARRIE | | Anne | Arunde | 1 Co | 445 |
| | OWN OF DEATH | I NAME OF | HOSPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPA | | | MD. BUSINESS OR |
| C | len Burni | | Arundal H | | 1 | TYPE OF WORK FOR MOS | | | Danor |
| USUAL RESID | ENCE HE NURSING HOLE | OTHER INSTITUTION | | ADMISSION) | .aı | Advertisin | - | News | Paper |
| MOTE V | Nan Cour | | 13c. CITY OR TOW | Ν | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRES | | C. A | 0924 |
| New Y | 1000 | ige | Goshen | | YES NO X | 216 North | Church | Street | C |
| 20 | FIRST | MIDDLE | LAST | | FIRST | MIDDLE | | LAST | |
| | Herman EASED EVER IN U.S. AR | MED EODCESS | Daniels Tibb SOCIAL SECU | | Elsie | 1 . ADD | RESS DO E | Gage | 5 |
| IYES, NO OR | UNKNOWN) (IF YES, GIV | E WAR OR DATES) | | | | girter) | FU I | 30x 506 | 19395 |
| No | JSE OF DEATH (Enter or | IA | 004.03.7 | | Joan D. Bunt | ten v | lestown, | | AATE INTERVAL NSET AND DEATH |
| gove couse underl | | DUE TO, O | | NCE OF | NOT RELATED TO THE TERM | | 1 | | |
| CERTIFICATION 110 VICE 110 VIC | E OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES NO YES NO | | | |
| 00.00.0 | CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEA | HOUR A | | Y YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF IN | JURY IN ITEM 18 PAR | RT I OR PART 2) | |
| WHILE AT WORK | NOT WHILE AT WORK | | OF INJURY REET FACTORY, OFFICE F | ARM ETC) | 21f LOCATION STREET | CITY OR | TOWN | COUNTY | STATE |
| 1 1 | the deceased glive on ove, (1) (we) add to he | / \ \ | | 5),01 | nd that in (my) (autropinian | death accurred an the | date and haur | 9 | not (II (we) last ouses stated |
| 22h SIG | wed 30 | Cear | ~~~ | _ ` | DEGREE ATTENDING PHYSICIAN [| MEDICAL ST | AFF SICIAN [] | 220. DATES | IGNED 6 |
| | YSICIAN'S NAME TYPE O | | | | 22e ADDRESS 8620 | Liberty Pl | aza | | |
| Dr | . Robert B. | Kroopn | ick | | Rande | ellstown, N | faryland | 2113 | 3 |
| (SPECIFY) | Cremation, REMOVAL | | | | emetery or crematory y Process, In | 23d LOCATION CHYORTOWN CATONS | rille. | Balto. | STATE Md. |
| 24 FUNERAL | DIRECTOR | 1.16 | | | 25a DA | TE REC'D. BY REGISTRA | R 25b. REGISTR | | |
| Single | ton Funeral | Home | Glen Burn | ie, M | Maryland | JN 1 8 1097 | Curria | Davison: | Rendares |

DHMH - 16 60M 7/B4 (VRA 15, 4)



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ove corbonpopers. Poges 1 and &

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detoched for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. injury, or other troumotic event, the medical

MPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

| 1- | FOR STATE REGISTRAR | DEPARTN | NENT OF HEALTH AND MI | | 8 /REGINO | 1 5 | 5 / | 4 5 | |
|---------------|--|---|--------------------------------|---------------|--------------------------|---------------------|--|--------------------------------|-------------|
| | CEASED NAME FIRST OR PRINT) MARY | MIOOLE F. | AVEN PORT | | June | MONTH DAY | 987 | 26. HOUR 35 | M |
| 3 SEX | | RACE | 5. DATE OF BIRTH MONTH DAY 3 | YEAR 1943 | AGE (IN YEARS LAST BIRT | | INOER I YEAR | HOURS M | HRS AIN. |
| C | RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND | U.S.A. | MARRIED XXXXVEVER MARRIED DIVO | ARRIED 9 1 | ANNE ARU | _ | | | MD |
| | TY OR TOWN OF DEATH NAPOLIS | 1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ANNE ARUNDEL G | | {T | NURSE | | 12b. KIND Ó INDUSTRY | F BUSINESS | OR |
| 13a. S | RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT RYLAND A.A. | Y 13c, CITY OR TOW | S 13d. INSIDE CIT | 10 🗆 | STREET ADDRESS | zip code Inn Roa | 2/ | 401 | |
| I4 FA | THER'S NAME FIRST JACOB | BLOOMER | 15. MOTHER'S / HENT | ETTA | WIDDLE | DEAN | LAS | П | |
| 16a ∨ (Y | (AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (IF YES, GIVE | ED FORCES? 16b. SOCIAL SECU 214-40-0 | | | olis, Mere ORT 1474 L | | Road | | |
| | 18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE | BY: CANCE | AL OF F | REPS | , _ | | BETWEEN | MATE INTERVAL ONSET AND DEA | ИH |
| | Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE | | | | | | | |
| NO | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING TO [| DEATH BUT NOT RELATED T | O THE TERMINA | AL DISEASE OR CON | DITION GIVEN | IN PART 10 | 0 ' | |
| CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFOR | | 200 AUTOPSY? YES NO | | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO | | |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH DA | | JRY OCCURRED | ENTER NATURE OF INJUI | RY IN ITEM 18 PART | 1 OR PART 2) | | |
| MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | 211 LOCATION STREET | 1 | CITY OR TO | | COUNTY | STAT | E |
| | 220 L cartify that (I) Othis hasnite | all ottended the deceased from | 9/8% | 10 | 10 6/13/8 | 19 | | that(I) ave) | lost |

sow the deceased alve as a compared obove (1) live) (did (did no)) view the body after death. 226. SIGNATUR

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DATE SIGNED

230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE 6-17-1987 23c. NAME OF CEMETERY OR CREMATORY MARYLAND VETERANS CEMH

22e ADDRESS

23d. LOCATION Crownsville A.A.

Maryland

24 FUNERAL DIRECTOR FUNERAL DIRECTOR Annapolis, Md 21401 WILLIAM REESE & SONS MORTUARY, P.A.

DHMH - 16 60M 7/84 (VRA 15, 4)

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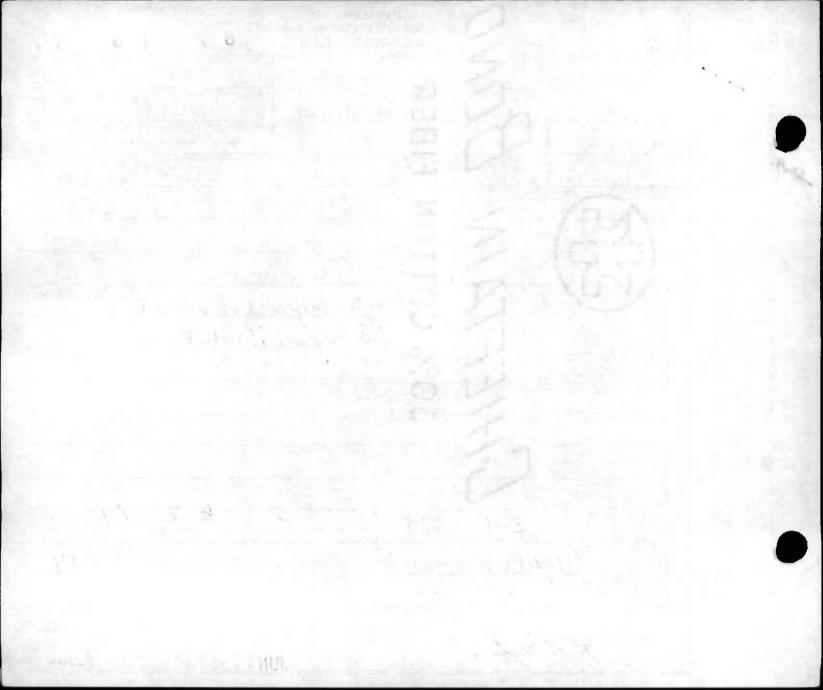
| 468 JUL- | 17 | FOR STATE REGISTRAR | | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | 8 REG. NO | |
|--|---------------|---|---|--|--|--|
| ± 3 | | CEASED NAME FIRST Annie | MIDDLE | DON | 20 DATE OF DEATH | MONTH DAY YEAR 125. HOUR 6 24 87 12:08 Am |
| age 4 may be rector, page 3 urs ofter death | 3. SE Fe | | A.RACE Caucasian | 5. DATE OF BIRTH Sept. 20 1893 | 6 AGE (IN YEARS LAST BIRTI | |
| deoth. Pog | C | RTHPLACE ISTATE OR FOREIGN OUNTRY) | U.S.A. | 8. MARRIED NEVER MARRIED WIDOWED DOWNER DOWN | | R COUNTY OF DEATH del County MD. |
| by the fur filed with | | napolis Bay | 11. NAME OF HOSPITAL, NURSIN (IF NOT INSUCH FACILITY, GIVE STREET) Manor Nursing | G HOME OF OTHER INSTITUTION | 120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKER | ON 12b. KIND OF BUSINESS OR INDUSTRY |
| Alled in nould be founds to be | 13a. | STATE 13b. COUN | other institution, give residence before TY 13c. CITY OR TOW Arunde L Edgewa | N 134. INSIDE CITY LIMITS? | 13e STREET ADDRESS 438 Silve | er Run 21037 |
| red with the completion of the | S | Samuel | Riggs | 15. MOTHER'S MAIDEN NA Martha | WIDDLE | Robinson LAST |
| be execution on one construction on one construction one | | | MED FORCES? 166. SOCIAL SECU 214-74- | | ger Same a | 13E |
| rentificate b ng physicial bon papers, removal, c event, the | | PART I. DEATH WAS CAUSE | y one couse per line for (9), (b), one DBY: ECAUSE (0) | MAE ARREST | | APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH |
| ires that the death as gned by the attendin in please remove carb burial, aremation, or ity, or other traumatic | | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C | DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO B | WSELEROTIE (| N | |
| e low requires to the permit. The me prior to ws ony injur | CERTIFICATION | 19a DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200. AUTOPSY? YES NO | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO |
| PHYSICIAN: The ending physicion this certificate I be buriol-transit and Mental Hygie dor Item 18 sho | | 2 to. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 21b. TIME OF INJURY HOUR A.M., MONTH DA P.M. | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | YY IN ITEM 18, PART 1 OR PART 2) |
| he the | MEDICAL | 21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK | 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. | ARM, ETC.) 211 LOCATION STREET | CITY OR TOW | VN COUNTY STATE |
| TAL OK ATTENDING y the hospital or or y the hospital or or or RAL DIRECTOR. After defloched for use as if tote Dept of Health or NT: If them 21 is market. | | 220. I certify that (I) (this hospit saw the deceased alive on, above, (I) (we) (did) (did not 22b. SIGNATURE | ol) oftended the deceosed from 19 2 3 view the body ofter deoth. | DEGREE ATTENDING | deoth occurred on the do | ote and hour and from the causes stated 22c. DATE SIGNED FIND 6 24687 |
| HOSPI bined b FUNE buld be th the S | | 22d. PHYSICIAN'S NAME (TYPE OF | CYRIAE M-0 | 22e. ADDRESS | | 4 AVE OW |
| BP | 230 | BURIAL, CREMATION, REMOVAL Burial | 23b. DATE 23c. N 6-27-87 Nati | NAME OF CEMETERY OR CREMATORY Onal Memorial P | ark Falls | Church Virgiña |
| DHMH - 16 50M 7/77 (VR A 15 (4)) | | uneral director obert E. Evan | s 1212 Wearts S | T. Annapolis, Mg | E REC'D, BY REGISTRAR | 25b. FEGISTRANO SIGNATION |

1987 Julia Denasti Re Robert E. Evans 1212 We'S'ts ST. Annapolis, May 2

| A TET I | | | | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

| 056368 Jun | FOR SJATE REGISTE | RAR | | DEPART | | EALTH AND MENTAL HY ICATE OF DEATH | GIENE 8 REG. NO. | 1 | 5 / | 41 |
|---|------------------------------|---|---|---|------------------|--|--|--|---------------------------------|-----------------------------------|
| | I DECEASED N | AME FIRST | | WIDOLE | | AST | 20 DATE OF DEATH M | ONTH DAY | YEAR | 2b HOUR |
| oge 3 | (TITE OKPRINT) | Alb | ert | Mike | De | ellospedale | Jun | ie 8, | 1987 | N |
| m d | 3. SEX | | 4 RACE | | 5 DATE (| | 6 AGE (IN YEARS LAST BIRTH | DAY) IF UNI | | IF UNDER 24 HRS |
| ige 4 | | Male | | ite | Apr | 1 21, 1927 | 60 | YRS. | 0 02.3 | MIN. |
| merol di | Maryl | and | | F WHAT COUNTRY? SA | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | 9. BALTIMORE CITY OR Anne Arund | | EATH | WE |
| The state of the s | Glen B | wn of DEATH urnie | (IF NOT INS | HOSPITAL, NURSII UCH FACILITY, GIVE STREE Arundel | (ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Self Employ | WORKING LIFE) IN | b. KIND OF NDUSTRY Cateri | BUSINESS OR Ler |
| filled if | | NCE (IF NURSING HOA | AE OR OTHER INSTITUTION OUNTY A A Co. | 136 CITY OR TOV Pasaden | E ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / 2 | IP CODE Drive | 2112 | 22 |
| MARYL ed withir | 14 FATHER'S N | AME alvadore | MIDDLE | Dellospe | dale | 15. MOTHER'S MAIDEN NA FIRST Marie | MIDDLE | | Peco | ra |
| be execut | 160 WAS DECE TYES NO OR U | ASED EVER IN U.S INKNOWN) (IF YES | ARMED FORCES? S GIVE WAR OR DATES) | 16b. SOCIAL SECTION 16b. 16b. 16b. 16b. 16b. 16b. 16b. 16b. | | Mary E. Del | | Sam | e as | #13 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 hardending physician. When this certificate has been signed by the attending physician and completely filled as the burial-transit permit. Then please remove carbonapaers. Pages 1 and Sylmonth and Mental Hygiene prior to burial, cremation, or removal. Onced or Item 18 shows any injury, or other froumatic event, the medical example. | Condition governouse underly | IMMEI ons, if ony, which ise to immediate (o), stating the ing couse last | DUE TO, DUE TO, DUE TO, DUE TO, Co. | er line for (0), (b), or OR AS A CONSEOU OR AS A CONSEQU | ENCE OF | ld nujorars | uid mythat MINAL DISEASE OR CONDI | TION GIVEN IN | PART I(a | |
| AL RECO | Sla DATE | OF OPERATION | 19b. CON | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WEI IN CERTIFYING YES | RE FINDING CAUSES C | GS USED OF DEATH? |
| do FVITA Tight physicial certificate rial-transi entral Hygi frem 18 sh | ORCONIZA | DENT WAS UNDERLYING RIBUTING CAUSE O R NOTIFY MEDICAL EXAM | F DEATH HOUR | OF INJURY A.M. MONTH D P.M. | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY I | NITEM IB PART I C | OR PART 2) | - |
| NG PHYS of the this of the burner of the bur | UF EITHE 21d. INJU | IRY OCCURRED NOT WHILE AT WORK | | E OF INJURY STREET, FACTORY, OFFICE. | FARM, ETC) | 21f LOCATION STREET | CITY OR TOWN | C | OUNTY | STATE |
| R ATTENDII hospital or RECTOR. A ned for use e spt. of Health | sow | the deceased alive | - | he deceased from 19 y after death. | 7.01 | nd that in (my) (aur) apinion | death occurred on the date | ond hour and | | not (I) (we) lost ouses stated |
| the District Here | 22b. SIGN | SICIÁN'S NAME (1) | epuer | a | | | MEDICAL STAFF DIRECTOR PHYSICIA | N 🗆 | 6-8- | F7 |
| O HOSPIT TO FUNER should be a with the Sta | | . Rafael | | ra, M.D. | | | Old Court Ro | | | |
| TO H Shoul | 22- 0110224 07 | THATION STATE | (A) [02/ 5 - 75 | T _{cc} | NIAME - 5 | | llstown, Md. | 21133 | | |
| BP | (SPECIFY) | Burial | June | 12, 1987 M | lost H | EMETERY OF CREMATORY Cemetery oly Redeemer | 23d LOCATION CITY OF TOWN Baltimor | | | ryland |
| DHMH - 16 60M 7/84 (VRA 15, 4) | Single | - | 1 8/1 | Glen Bur | | 25a. DA | TE REC'D. BY REGISTRAR 25 | 1 | SSIGNATUR | |



057855

| 1 | FOR - STATE REGISTRAR | | | DEPARTA | MENT OF F | E OF MARYLAND LEALTH AND MENTAL HYG LICATE OF DEATH | 8 | REG. NO. | 5 / | d det |
|---------------|---|---------------------|---------------------------|--|--------------------------------------|---|--|----------------------------|--|---|
| | CEASED NAME E OR PRINT) | FIRST | | MIDDLE | | AST | 20 DATE OF DI | | DAY YEAR | 2b HOUR: |
| | | NELLI | E 1 | Marie | | DENYSE | | 22, 1987 | | 9:56 A _M |
| 3. SE | | 4 | RACE | | 5. DATE O | DAY YEAR | 6 AGE (IN YEAR | S LAST BIRTHDAY) | MONTHS DAY | |
| | Female | | Whit | e | June | | | 89 YRS | | |
| 70 B | IRTHPLACE (STATE OF COUNTRY) WATER TO THE COUNTRY) WATER TO THE COUNTRY OF THE | | USA | | WIDOW | | | CITY OR COUNT E ARUNDE: | | Y MD |
| 1 | GLEN BURN | IE. | (IF NOT IN SUC | RTH ARUND | EL HC | OR OTHER INSTITUTION SPITAL | 12a USUAL OC (TYPE OF WORK FO Homema | R MOST OF WORKING | LIFE) INDUSTE | OOF BUSINESS OR HOME |
| Ma. | al RESIDENCE (# NUI STATE ryland | 13b COUNT | institution Y imore | GIVE RESIDENCE BEFORE 136 CITY OR TOW TOWSON | | 13d INSIDE CITY LIMITS? | 305 Eas | oress / zip co st Joppa | ^{DE} Road | 21204 |
| | ATHER'S NAME Titus | | IDDLE | Smith | | 15. MOTHER'S MAIDEN NA Kittie | Iĉ | le | (| Unknown) |
| 160 \ | WAS DECEASED EVER | (IF YES, GIVE | NED FORCES? | 046.24.7 | | Marjorie M. | _ | | | Creek Dr. Md. 2106 |
| N. | gave rise to in couse (a), stati underlying caus | ing the se last. | (c) | R AS A CONSEQUE | | NOT RELATED TO THE TERM | NNAL DISEASE C | DR CONDITION G | GIVEN IN PART | lía |
| CERTIFICATION | 19a DATE OF OPERATION 19b. CONDITION | | | ITION FOR WHICH | ON FOR WHICH OPERATION WAS PERFORMED | | | IN CER | ES, WERE FIN TIFYING CAUS YES [] | DINGS USED ES OF DEATH? |
| MEDICAL CER | 2) a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED | CAUSE OF DEAT | P. | A.M. MONTH DAY YEAR P.M. 19 | | 21c HOW INJURY OCCUR | RED (ENTER NATUR | E OF INJURY IN ITEM T | 8 PART I OR PART 2 | ?) |
| MED | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 216 LOCATION STREET CITY OR TOWN | | | | | | | | COUNTY | STATE |
| | 22a I certify that (saw the decea abave, (I) (3cm 22b. AIGNATURE | sed alive on_ | 6/ | 21_195 | | nd that in (my) (a) opinion DEGREE ATTENDING PHYSICIAN | death accurred of | STAFF | | that (I) (A Tast he causes stated TE SIGNED |
| | 22d. CHYSICIAN'S N | | | | | 22e ADDRESS 518 | S. CAMP | MEADE R | | |
| | | SHAVERS | | | | | | 1ARYLAND | 21090 | |
| | BURIAL, CREMATION (SPECIFY) Burial | | 236. DATE Jun 25 | | | ew Cemetery | 23d. LOCATION CITY OR Red Ba | TOWN | nmonth | New Jers |

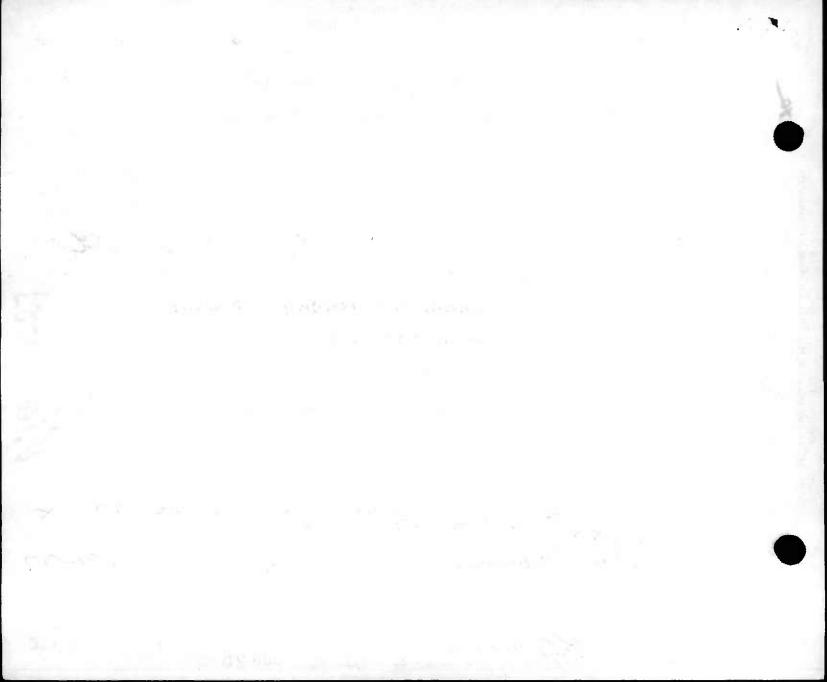
DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic e

24 FUNERAL DIRECTOR

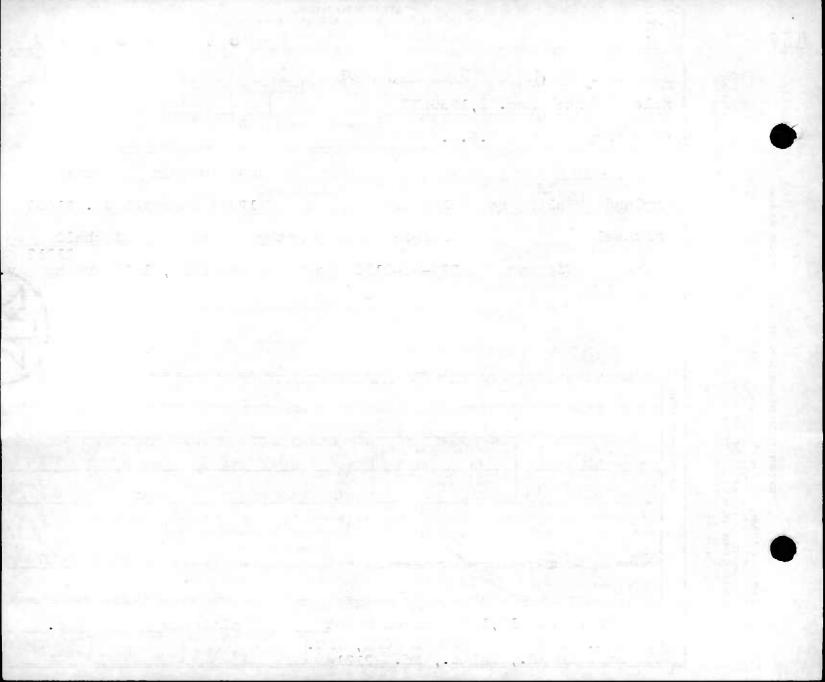
Glen Burnie, Maryland Singleton Funeral Home

Monmonth New Jersey 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 REGISTRAR DECEASED NAME 20. DATE KNOWN ESTI-DEATH MATED DiGioia, Jr. Michael 17 19 87 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 2c DATE PRONOUNCED Aug. 3,1950 7:30A White Male 37 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey U.S.A. D Anne Arundel County

12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION M&W Foreman Glen Burnie North Arundel Hospital Amtrak UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland **Maltimore** Glen Arm YES X NO 12008 Somerset St. 21057 M FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Michael DiGioia Dorothy May Birchall 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 21212 I (IF YES, GIVE WAR OR DATES) 220-50-3195 Yes Vietnam Mary Sue Remeikis, 1026 Evesham Av 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN PENCIL IN ITEM 18. BREG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MEDITAL HYGIENE, D. BAÇTIMORE, MARTHAL HYGIENE, D. BACTIMORE, MARTHAL HYGIENE, D. BACTIMORE, MARTHAL HYGIENE, D. BACTIMORE, MARTHAL HYGIENE, D. BACTIMOR HYGIENE, D. BACTIMORE, MARTHAL HYGIENE, D. BACTIMORE, D. BACTIMORE, MARTHAL HYGIENE, D. BACTIMORE, D. BACTIMOR PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Blunt chest injury IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOO CONTRIBUTING CAUSE OF DEATH 6:41xx 6 17 19 87 Driver in auto/fixed object impact 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK New Cut & Gambrills Rds, Severn, A.A. CC, MD. road 22a. I certify that I took charge of the remains described above, held on Homicide . death resulted fram: Natural causes Suicide TITLE (SPECIFY) M. Assistant MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.,MD (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cremation June19,1987 Green Mount Baltimore 07/84 ROBERT C. ALTENBURG FUNERAL HOME, INC. 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) 6009 Harford Rd., Balto., Md. 21214

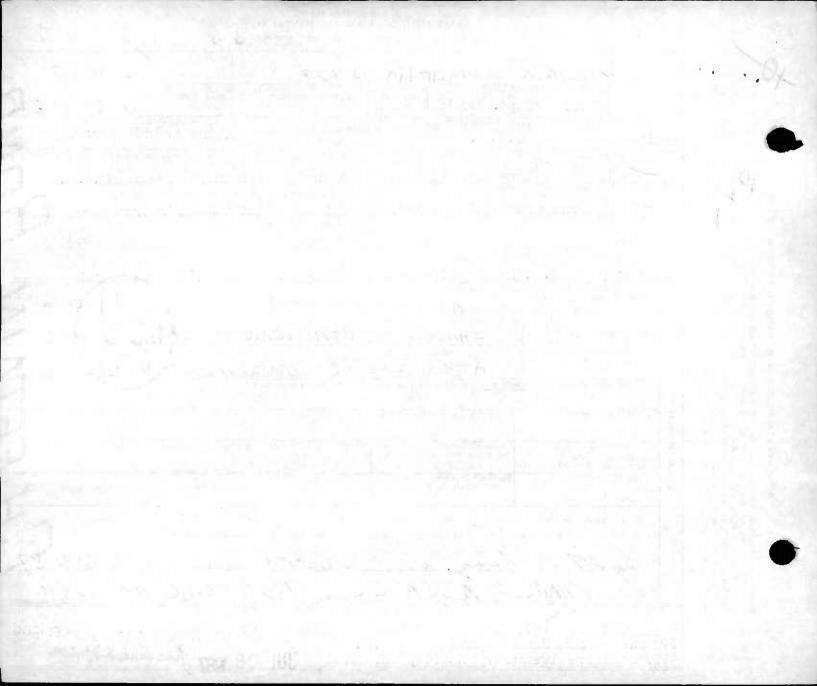


4739 Baltimore Avenue Hyattsville, Md. 20781

(VR A15 ME (5))

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STATE OF MARYLAND

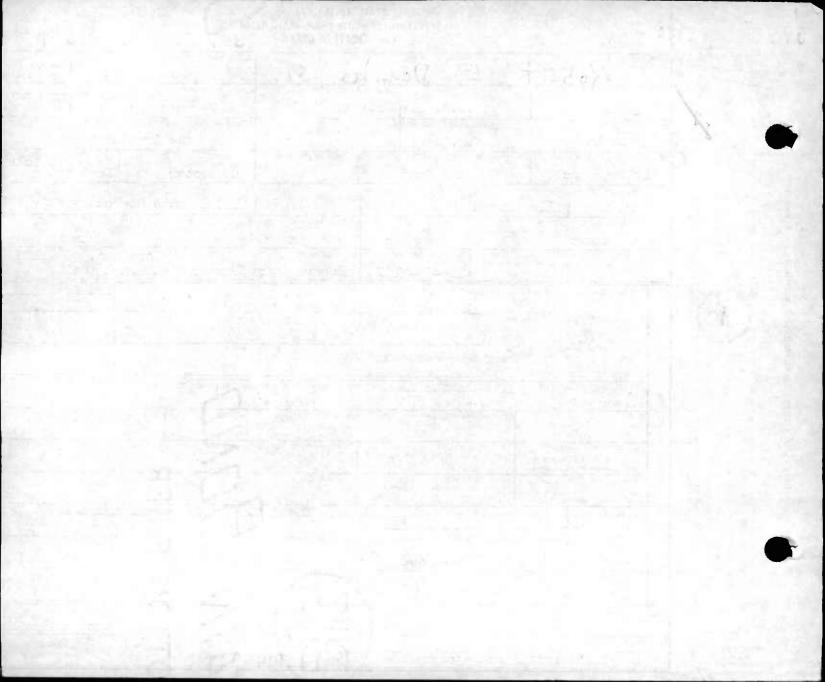


George J. Gonce 4001 Ritch Pess Hgwy Balto Md

ia Dandson K

DHMH - 16 60M 1/75

(VR A 15 (4))



FOR

| CTATE | OF | MADV | ABLE |
|-------|----|------|------|
| SIAIL | vr | MARY | LANU |

DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

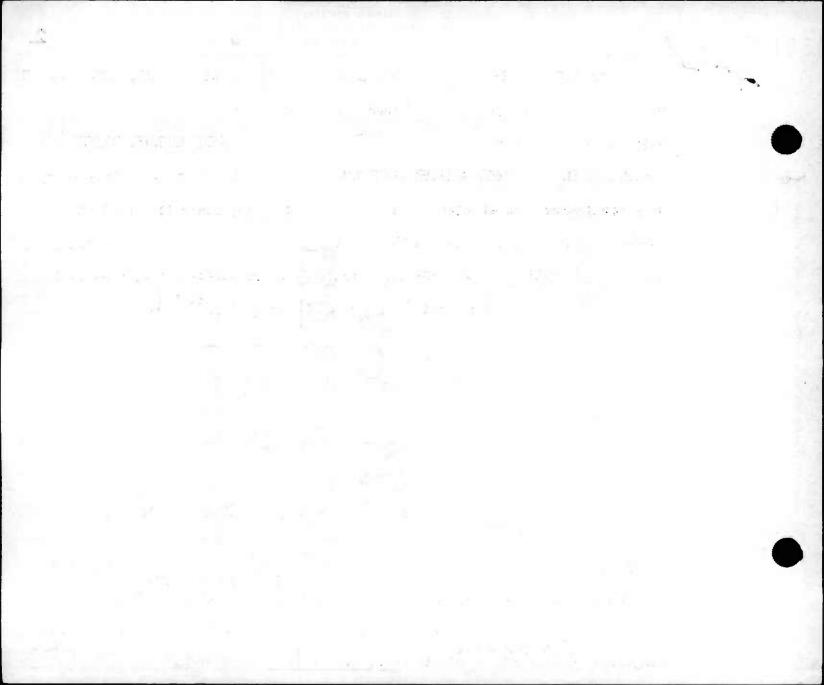
| 6 | es at | |
|---|---------|---|
| o | | |
| _ | REG. NO | 5 |

5 / 5 E2

| 37- | STATE REGISTRAR | | DEPARIME | | ATE OF DEATH | 8 / | REG. NO | . 1 | 5 / | 5 E2 |
|---------------|--|-------------------------------|---|-------------|------------------------|-----------------------|-----------------|----------------|-----------------------------------|-------------------------------------|
| | CEASED NAME FIRST | MI | DDLE | EAST | | 20 DATE OF DE | | | | 26 HOUR |
| | CHARLES | Fran | k . | DROCEI | LA | JUNE | | 28, | , 1987 | 1250 P |
| 1 SEX 4 RACE | | | | DATE OF E | DAY YEAR | & AGE (IN YEARS | LAST BIRT | HDAY) | MONTHS DAYS | IF UNDER 24 HRS |
| - | ale | White | | Augus | t 14 1926 | 60 | | YRS. | | |
| | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF W | HAT COUNTRY? | MARRIED | NEVER MARRIED | 9 BALTIMORE | | | | |
| 1 | Maryland | USA | | WIDOWED [| DIVORCED [| ANN | E A | RUNDEI | L COUNTY | ME |
| 10. CI | GLEN BURNIE | NORTH | PARUNDEL ARUNDEL | | TAL | 120 USUAL OCC | R MOST OF | F WORKING LIF | | f BUSINESS OR Lowry |
| 13a S M | - | | ive residence before ac 13c. CITY OR TOWN Glen Burt | nie 13 | I. INSIDE CITY LIMITS? | | | | Dr 2106 | 1 |
| | THER'S NAME | MIDDLE | LAST | 15 | MOTHER'S MAIDEN NA | | IDDLE | | LAST | |
| F | rank Charle | | Drocel | la | Mary | | | | Heat | |
| | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 1 | 16b. SOCIAL SECURI | TY NO. 17 | INFORMANT | | ADDRES | SS | | |
| | es WW | | 216-20-48 | 337 B | renda G. Ple | easant (| laug | hter) | same a | s 13 |
| NOI | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT | (c) | AS A CONSEOUEN | | OT RELATED TO THE TERM | MINAL DISEASE O | r cone | DITION GIV | /EN IN PART 110 | |
| CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDIT | TION FOR WHICH OPERATION WAS PERFORMED | | VAS PERFORMED | 20a AUTOPS | 1? | | S, WERE FINDING FYING CAUSES (| |
| E | | | | | | | 0 | | S 🗌 | NO 🗌 |
| MEDICAL CE | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE | ATH HOUR A.M. | I. MONTH DAY I. | YEAR 19 | L. HOW INJURY OCCUR | RED (ENTER NATURE | OF INJUR | Y IN ITEM 18 P | 'ART 1 OR PART 2) | |
| MED | 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE O (AT HOME STREE | F INJURY ET FACTORY OFFICE, FARI | | E. LOCATION STREET | C | TY OR TO | WN | COUNTY | STATE |
| | 220.1 certify that (1) (this hospital) attended the deceased from | | | | | | | | | that (I) (we) lost couses stated |
| | 226 SIGNATURE | , n. D | | DEC | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAF, PHYSIC | | 22c. DATE S | SIGNED |
| | 224 PHYSICIAN'S NAME (TYPE | OR PROJE) | | 2 | e ADDRESS 78 | 45 OAKWO | OD I | ROAD | | |
| | ALEJANDRO N | ONTOYA. | M. D. | | GLEN BUR | NIE MAR | YLA | ND 210 | 061 | |
| 23a B | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | | 1987 G1 e | | ETERY OR CREMATORY | 23d LOCATION CHEVOR I | OWN | | A Co. | STATE Md. |
| 24 FU | ingleton Funera | 101 | - | | 125a DA1 | TE REC'D. BY REG | 387 | | TRAR'S SIGNATI | |

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.



other troumotic event.

or the burial-transit permit. Then please in and Mental Hygiene prior to burial, cr

arted on tem 18

certificate has been

FUNERAL DIRECTOR

hould be detoched to

MPORTANT # 16

ATTENDING

O HOSPITAL

| | FOR 1 - STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH | ENE 8 / _{REG. NO.} 1 5 / 5 3 |
|----|---|--|--|
| | 1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) CHARLOTTE M | DUDROW | JUNE 7, 1987 BOOP M |
| | FEMALE CAUC. | OT 24 12 | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| 5 | Maryland Maryland Maryland Maryland Maryland Maryland | MARRIED NEVER MARRIED | ANNE ARUNDEL MD. |
| 17 | ANNAPOLIS AIFNOTINSUCHACILITY | NOTE GENERAL HOSP | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Office Manager Insurance |
|) | | TY OR TOWN 13d INSIDE CITY LIMITS? | 327 Linden Ave. 21037 |
| | 14 FATHER'S NAME FIRST MIDDLE MI | 11s MOTHER'S MAIDEN NAM | MIDDLE LAST |
| - | (YES, NO OR UNKNOWN) [IF YES, GIVE WAR OR DATES) | -20-8099 Barbara M. H | App \mathfrak{t}^{ESS} # 2 33 Maryland Avelantske Annap, MD 21401 |
| | 18 CAUSE OF DEATH (Enter anly one cause per line of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | ardio respiratory | arreal Between ONSET AND DEATH WE'VE AND DEATH WE'VE AND DEATH |
| | Canditions, if any, which (b) | CONSEQUENCE OF list in fare | thin 1 Hour |
| | gove rise to immediate cause (a), stating the underlying cause lost | consequence of ortery disc | ase many years |

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

view the body offer death

YES [NO FT

P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET

NOT WHILE 220.1 certify that (1) (this has properly ottended the deceased from saw the deceased alive an JUNE 7. saw the deceased alive on above, (1) (we) (did) (did no

CITY OR TOWN (pur) opinion death occurred an the date and hour and from the causes stated

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

23a. BURIAL, CREMATION, REMOVAL Cremation 6-8-1987

DEGREE

Westview, Balt, MD

STATE

24. FUNERAL DIRECTOR

CERTIFICATION

DHMH - 16 60M 7/84 (VRA 15, 4)

SEVERNA

THE RESERVE OF THE PERSON OF T Annut I is the Agency was now there COMMENTS TO SEVEN SEVEN FOR FEMALUS TO A SEVEN S

| 058495 JUL/ | 319 | FOR STATE REGISTRAR | DEPARTMENT OF I | E OF MARYLAND BEALTH AND MENTAL HYG CLATE OF DEATH | 8 / | 1 5 / | 5 4 |
|--|---------------|---|---|--|--------------------------------------|--|--------------------------------------|
| noy be | (TYPE | CEASED NAME GEORG | re Carroll D | Ver | REG. NO. | ONTH DAY YEAR | 26 HOUR OS45 _M |
| Poge 4 moy | 3. SE) | Male | White April | Ha DAY YEAR | 6 AGE (IN YEARS LAST BIRTHE | YRS. DAYS | IF UNDER 24 HRS |
| deoth. P. | m | nnesota | CITYEN OWNER COUNTRY? 8 MARRIE WIDOW | DIVORCED | 9 BALTIMORE CITY OR | HA | MD. |
| d with offer | Ar | mapolis | . NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET, DORESS) | OR OTHER INSTITUTION | TYPRETTIME | N 126 KIND C PORKING LIFE) INDUSTRY, | Navy |
| AND 2120 n 24 hours filled in by hould be file | 13a. S | DD 136 COUNTY | HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Anna 2015 | 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS / 2 | ZIP CODE Road 2 | 11401 |
| MARYLAND ted within 24 cm 2 should cm 2 should | | Harry Bl | air Duer | 15. MOTHER'S MAIDEN NA. | WIDDLE | Morti | mer |
| BALTIMORE, and the execution on the coper. Page 19. | 16a V | (AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) IF YES GIVE W | D FORCES? 166. SOCIAL SECURITY NO. 218-36-4683 | Adaline S | Duer- | same as | |
| T The second | | PART I. DEATH WAS CAUSED B | CARDIBA | APP65 | 7 | APPRO) BETWEEN | XIMATE INTERVAL I ONSET AND DEATH |
| No h condin | | Conditions, if any, which | DUE TO, OR AS A CONSEQUENCE OF | PARDIAC | INFARCTTO | dw/ | |
| W. We to but the cree cree cree | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF | HASCID | | | |
| quires quires hen pli to buri | NO | PART 2 OTHER SIGNIFICANT COL | nditions <u>contributing to death</u> bu | NOT RELATED TO THE TERM | | | |
| ~ | CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION | ON WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES | INGS USED S OF DEATH? NO [|
| DF VIT | | 2] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY OCCURI | RED (ENTER NATURE OF INJURY) | IN ITEM IB PART (OR PART 2) | |
| DING PHYSIC or oftending After this cer e os the buric olth and Men morked or the | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TOWN | N COUNTY | STATE |
| TENDI or TOR: A or Use of Heal | | 226. I certify the (1) this haspital; saw the deceased alive on above (1) the fall had not in | | nd that in (our) opinian | , ta each occurred on the dote | e and hour and I am the | the lost e causes stoted |
| OR he h | | Michael J C | teleta us | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIA | 272 DA) | SIGNED |
| TO HOSPITAL Lefoned by the control by the CO FUNERAL IL should be deto with the Store C | | MICHAEL J. | CAPENTA MD | 703 G 101 | INGS AVE | ANNAPOL | s 21403 |
| BP | | Burial | 236 DATE 29,487 U.S. N | aval Academ | | I'S A'D | mD State |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 10 | ylor Funeral | Chapel-Hinago | lead al | REC'D. BY REGISTRAR 25 | Alia Trado | TURE Parkets |

The Company of the S.O. St. Company of the second s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEGISTRAR KNOWN OF ESTI-DEATH MATED LARRY 6-14-8719 EADES 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c. DATE FUNERAL DIRECTOR YOUR INVITABLE OF YOUR PRONOUNCED MALE BLACK DEAD 6-14-8719 -55A 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
MARYLAND U.S.A. Anne Arundel County DIVORCED WIDOWED RETAIN PAGE 5. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Annapolis 711- E. Newtowne Drive BALTIMORE, MD, 21201 ANNAPOLIS 3d INSIDE CITY LIMITS? 810 A Brooke Court 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE TAYLOR MARI ON EADES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT Annapolis, AMESS 21401 16b. SOCIAL SECURITY NO. MARION EADES 810 A Brooke Court CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) TO THE CHIEF MEDICAL EXAMINER ALONG VIOLUD BE USED AS A BURIAL - TRANSIT PERMIT ARTMENT OF HEALTH AND MENTAL HYGIENE, I OR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotgun wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO **EUNERAL** DIRECTOR: PAGE 3 SHOULD BE US! AFTER-DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA YES K NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR self/inflicted CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT WORK AT WHILE STREET, FACTORY, FARM, FTC.) CITY OR TOWN 711- E. Newtowne Dr. Annapolis, Maryland street 22a. I certify that I well described obove, held on Inspection death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 6-14-87 SIGNATURE EXAMINER'S NAME John E. Smialek, M.D. 111 Penn Street (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE PINELAWN MEM, PARK BURTAL 07/84 Annapolis Annapolis, Md. 21401 24 FUNERAL DIRECTOR **DHMH - 17** & SONS MORTUARY, P.A. JUN 24 1981 (VR A15 ME (5))

Toron office: A Toron of Europe State of Europ

Dentitally of the second secon

| | 1. | FOR | | | | MARYLAND I AND MENTAL HY | GIENE | | |
|---|-------------------|---|---|--|----------------------|------------------------------|---|----------------------|--|
| To the second | | STATE REGISTRAR | MED | DICAL EXAMI | NER'S | | DEATH | G. No. 5 | 150 |
| 56458 1111 19 | | CEASED NAME FIRST | 1 | MIDDLE | | LAST | 2ª DATE KNOW | /N N MONTH | DAY YEAR 26 HOUR |
| ET.SS.R.R.S. | | DAVIO | d (N | I.M.I.) | 20 | dwards | OF ESTI- | 0 6 | 9 1987 |
| ARY, PLEASE COUR FILES. OUR STREET, | 3. SEX | Male CAU | 5. DATE OF BIRTH | YEAR LAST BIRTH | TEARS IF UNDAY) MONT | | 4 HRS. 2c. DATE PRONOUNCED DEAD | MONTH | 9 87 013 |
| 037-37 | | RTHPLACE (STATE OR PREIGN COUNTRY) | 76 CITIZEN OF WH | | 8. MARR | IED NEVER MARRIED | 9 BALTIMORE C | ITY OR COUNT | |
| SE S | Pe | nnsylvania | U.S.A. | | WIDOW | | | 7 A | IM. |
| 提為 | 10. CI | LEN BUNNE | 11. NAME OF HOSE (4F NOT IN SUCH FAC | PITAL, NURSING HOA | | 10/ | 12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE | E) | 126 KIND OF BUSINESS OR INDUSTRY |
| | USUA | AL RESIDENCE (IF IN NURSING HOME O | R OTHER INSTITUTION, GIV | E RESIDENCE BEFORE ADMIS | PU. NU | | | y Guard | . / |
| AND | 13a S | Md A | A | Crost | NO | YES NO | | erdeel | Security |
| BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, TITH FOR WISION OF THE | 14. FA | ATHER'S NAME Thomas | WIDDLE | LAST | | 15. MOTHER'S MAIDEN | NAME | | LAST |
| OREA OFFA | 14 | I NOMAS VAS DECEASED EVER IN U.S. ARA | 150 500 0510 | Edwards | 77.110 | Emma 17. INFORMANT | L. | | ones |
| ALTIMO AFTER D SIVE PAG TH FOR YAGES 1 | (YE | ES, NO, OR UNKNOWN) 1 (IF YES, GIVE Y | WAR OR DATES) | 16b. SOCIAL SECURI | | | APP | 729 Aber | rdeen Court |
| T., BAL. BUURS AF WITH III. PAG | Ye | | | 164-22-66 | 55 | Jane Edwar | ds (Wife) Cr | ofton, | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMAS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR 23 SHOULD BE USED AS A BURIAL. TRANST PERMIT. PROSES 15 DEPARTMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF PRIOR TO BURIAL, CREMATION, OR REMOVAL. | | 18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave rise to immediate | BY: E CAUSE (o) | AS A CONSEQUENCE | pull pr | monary | Arre | 5+, | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| AL RECORDS, 201 W. ULD BE EXECUTED WI "PENDING" IN PENC FE MEDICAL EXAMIN FE AED AS A BURIAL - TR. "HEALTH AND MENTAL AL, CREMATION, OR | | cause (a) stating the <u>under</u> lying couse last. | DUE TO, OR A | Hyper | te | NSION | | | |
| ORDS DINGS DICAN A BL | z | PART 2 DTHER SIGNIFICANT CONDITIONS O | CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TEL | MINAL DISEAS | E OR CONDITION GIVEN IN PART | 1 107. | | |
| RECO! | 18 | 19a. DATE OF OPERATION | 10h CONDIT | ION FOR WHICH OPE | PATIONW | AS DEDECIDANED? | | | 20 AUTOPSY? |
| VITAL RE SHOULD ORD "PE CHIEF A E USED. URIAL, U | 5 | | 170 CONDI | ONTOR WHICH OF | KATIOTI W | ASTERI ORMED: | | | |
| CERTIFICATE SY TING THE WOI BY TO THE CE 3 SHOULD BE DEPARTMENT | CAL CERTIFICATION | 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | | INJURY MONTH DAY YEA | AR 21c. HO | OW INJURY OCCURRED | LENTER NATURE OF INJURY IN IT | EM 18 PART 1 OR PART | YES NO X |
| DIVISION OF VITAL REGINEER: THIS CERTIFICATE SHOULD RECATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF METOR: PAGE 3 SHOULD BE USED AT THE STATE DEPARTMENT OF HEAL HOLD, 21201 PRIOR TO BURRAL, CLAND, 21201 PRIOR | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE O | F INJURY (AT HOME, DRY, FARM, ETC.) | | CATION | CITY OR TOWN | con | INTY STATE |
| MEDICAL EXAM CUTE THE CERTIL SEA SHOULD B FUNERAL DIREC FR DEATH, WITH | | 22a. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) | | | Autop uicide M | | Undetermined manner AMEDICAL EXAMINER America | ond in my opi | t. 21035 |
| 528 5 E S | 23a.Bl | URIAL, CREMATION, REMOVAL 2: | | 23c. NAME OF C | METERY O | R CREMATORY | 23d. LOCATION | COUN | TY STATE |
| 07/84 BP | F7 5: | | 06/11/87 | 1 | | erans Cem. | Cheltenham | | The state of the s |
| DHMH - 17 (VR A15 ME (5)) | | ameis Gasch's So 39 Baltimore Ave | ADDRESS | | | 81 | UN 1 2 1987 | RECASTRAR'S BU | English, V |

the day of the the present the transmitted Court of hyman Red and A SANSON OF THE Dudden Transact Transact William Paras For America Ct. 21838 THE STAUL THE

BP.

DHMH - 16 60M 7/

(VRA 15, 4)

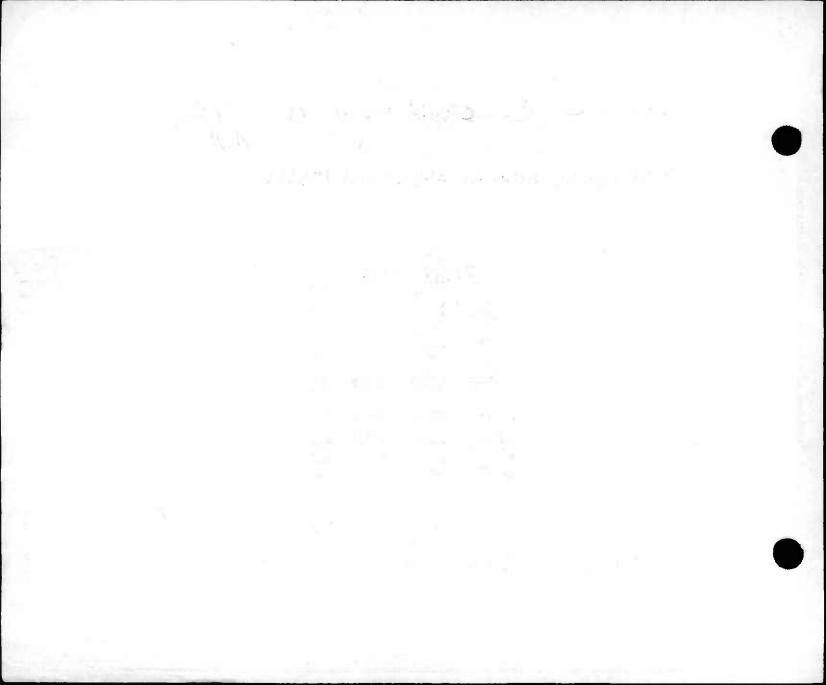
FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 /_{REG. NO.} 15/5

| 20 | REGISTRAR | | CERTII | ICAIL OI DEATH | REG. N | O | 1 14 1 |
|---------------|---|---------------------------------------|---------------------------------|-------------------------------|---|---------------------------------------|--|
| | CEASED NAME FIRST | MIDDLE | E L | AS1 | 20 DATE OF DEATH | MONTH DAY YE | AR 26. HOUR |
| 11111 | SAMA | • K | ESWOR | THY | | 6 15 8 | 7/1443 |
| 3. SE | <u>×</u> | 4. RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | |
| 1 | -emale | 10 010 | AC: MONTH | PAY YEAR | 70 | | DAYS HOURS MIN. |
| 70. B | IRTHPLACE (STATE OR FOREIGN | 7b. CITIZEN OF WHA | T COUNTRY? 8 | | 9 BALTIMORE CITY C | YRS. PROUNTY OF DEAT | Н |
| | COUNTRY) | | MARRIE | D NEVER MARRIED | 111 | | |
| | aryland ITY OR TOWN OF DEATH | U.S. | WIDOWE PITAL, NURSING HOME O | | 12a USUAL OCCUPAT | IONI 125 KII | ND OF BUSINESS O |
| N | 1. | | CILITY, GIVE STREET ADDRESS) | OTHER INSTITUTION | | OF WORKING LIFE) INDUS | |
| 17 | Nh V- BOILS | ANNEA | (2796) POP | eral 170501to | Teachers | s Aid Sc | hool |
| | AL RESIDENCE (IF NURSING HOM STATE 136 CC | | CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS | / ZIP CODE | |
| | Md. Ca | albert N | North Beach | YES NO | Box_ | 537 | 20714 |
| 44. E | ATHER'S NAME | WIDDLE | LAST | 15. MOTHER'S MAIDEN N | AME MIDDLE | | LAST |
| 1/ 3 | Robert | Plush | | Martha | MIDDLE | Licklic | |
| 16a. \ | WAS DECEASED EVER IN U.S. | | SOCIAL SECURITY NO. | 17. INFORMANT | 381 ADDRI | FSS - | |
| - | YES, NO OR UNKNOWN) (IF YES | GIVE WAR OR DATES) | 19 4272 | (Ms. Rebe | cca Dorse | y Friend | aship, Rom |
| | No | | | 17 | | · · · · · · · · · · · · · · · · · · · | PPROYIMATE INTERVAL |
| | 18 CAUSE OF DEATH (Enter PART), DEATH WAS CA | r only one couse per line USED BY: | | | | BETV | PROXIMATE INTERVAL WEEN ONSET AND DEATH |
| | | DIATE CAUSE (0) | Thublach | 19 | | | |
| | | DUE TO OR AS | A CONSEQUENCE OF | | | | |
| | Conditions, if ony, which | | A CONSEQUENCE OF | | | | |
| | gove rise to immediate | | | | | | |
| | underlying couse lost. | DUE TO, OR AS | A CONSEQUENCE OF | | | | |
| l | onderlying coose loss. | ((c) | | | | | |
| l _ | PART 2 OTHER SIGNIFICAN | NT CONDITIONS CONT | RIBUTING TO DEATH BUT | NOT RELATED TO THE TER | MINAL DISEASE OR CON | DITION GIVEN IN PAI | RT lio |
| CERTIFICATION | | | | | | | |
| ¥ | 190 DATE OF OPERATION | 196 CONDITION | N FOR WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE F | INDINGS USED |
| Ĕ | | | | | YES NOT | IN CERTIFYING CA | NO |
| 8 | 21a, ACCIDENT WAS UNDERLYING | 21b. TIME OF IN | JURY | 21c. HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | | |
| | OR CONTRIBUTING CAUSE OF | 110110 1 11 | MONTH DAY YEAR | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| ICAL | (IF EITHER NOTIFY MEDICAL EXAM | | 19 | | | | |
| MEDI | 21d. INJURY OCCURRED | 21e. PLACE OF III | NJURY ACTORY OFFICE, FARM ETC.) | 211 LOCATION STREET | CITY OR TO | OWN COUN | TY STATE |
| ~ | WHILE NOT WHILE AT WORK | | | | , | | |
| | 220.1 certify that (I) (this hi | ospital) attended the de | ceased from 1584 | . 19 | to 6/19/ | Y 7 19 | , that (i) we) lo |
| | sow the deceased alive | | 7 19 | nd that in (my) (our) opinion | n deoth occurred on the d | late and hour and from | n the couses stated |
| 1 | obove (IV/we) (did) (did) | port view the postwarter | | DEGREE | | 1224 [| DATESIGNED |
| | 217 | 1 Malta | . // | ATTENDING | MEDICAL STA | , | 10.10- |
| | a down | MARAM | m un ~ | PHYSICIAN , | DIRECTOR - PHYSIC | CIAN | 11718/ |
| | 22d. PHYSICIAN'S NAME (T | YPE OR PRINT) | . 0 | 22e ADDRESS | | | |
| | 1 5,1'1 W | 1+11511 | | | | | |
| 23a | BURIAL, CREMATION, REMO | VAL 236 DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | |
| | (SPECIFY) Removal | | | | CITY OR TOWN | COUNTY | STATE |
| 24 5 | | | | 125- 0 | ATE REC'D. BY REGISTRAR | 25h DECISTDADIC SE | CNIATURE |
| 24 | UNERAL DIRECTOR | | oard Balt | 11.11 | AL REC D. BT REGISTRAN | 1.0 000 | SINATURE |
| 1 | State A | matomy B | oard Balt | 0., Md. JU | N Z 5 1987 | Julia Dander | n-Kandall |



STATE OF MARYLAND

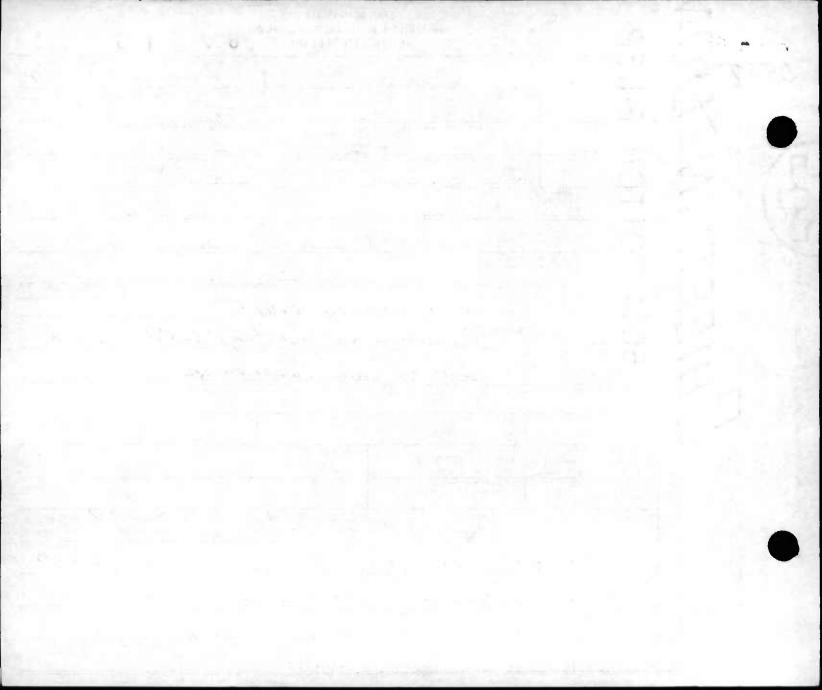
| EPA | RTMENT | OF | HEA | LTH | AND | MENTAL | HYGIENE |
|-----|--------|-----|-----|-----|-----|--------|---------|
| | CE | RTI | FIC | ATE | OF | DEATH | |

| 8 | REG. N | 10. | 5 | 1 | 5 | 3 |
|-------|--------|-------|-----|------|-------|------|
| ATE O | FDEATH | MONTH | DAY | YEAR | 2b HO | UR " |

| | REGISTRAR | | CERTIFICATE OF DEATH | 8 REG. NO. | 15/5 |
|------|---|-------------------------------------|--|---------------------------------------|---|
| | DECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MO | NTH DAY YEAR 26 HOUR |
| 9 | | adlev Fe | elton | 6 | 287 6:4 |
| 3. | SEX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDA | |
| X | Female | White | Mar 3.1909 | 78 | YRS DAYS HOURS |
| 70 | BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNT | RY? 8 | 9 BALTIMORE CITY OR C | |
| 5/ | Rushville, Ill | USA | MARRIED NEVER MARRIED WIDOWEDXX DIVORCED | _ | |
| | CITY OR TOWN OF DEATH | | RSING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 17b. KIND OF BUSINES |
| 16 | | (IF NOT IN SUCH FACILITY, GIVE ST | | TYPE OF WORK FOR MOST OF WO | ORKING LIFE) INDUSTRY |
| | rofton SUAL RESIDENCE (IF NURSING HOME (| Crofton Conv. | | Musician | |
| | 30 STATE 136 COL | UNTY 13c CITY OR T | OWN 13d. INSIDE CITY LIMITS? | | |
| 2 | Md AAC | Croftor | | 1468 Orlean | s St. 4///7 |
| S 14 | FATHER'S NAME FIRST | MIDDLE LAST | 15 MOTHER'S MAIDEN N | WIDDLE | LAST |
| 0 | John | Bradley | y Minnie M | ae Wheelhous | е |
| 1 16 | WAS DECEASED EVER IN U.S. A | ARMED FORCES? 166 SOCIAL SI | ECURITY NO. 17. INFORMANT | ADDRESS | |
| | no | 569 16 | 4908 Pamela Mill | er Crofton | , Md |
| | 18 CAUSE OF DEATH (Enter | anly ane cause per line lar (a), jb | and (c) 1 | | APPROXIMATE INTERV BETWEEN ONSET AND D |
| | PART I. DEATH WAS CAUS | SED BY: | enelmen ld. | 1 | |
| | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS OCONSE | | anomia. | lin |
| 5 | | , c | TO DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CONDIT | ION GIVEN IN PART To |
| | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | | | |
| 0 | 190 DATE OF OPERATION | 19b. CONDITION FOR WH | ICH OPERATION WAS PERFORMED | | Db. IF YES, WERE FINDINGS USED A CERTIFYING CAUSES OF DEATH |
| | | | | YES NO | YES NO |
| | 210. ACCIDENT WAS UNDERLYING | 110115 111 11011511 | | URRED (ENTER NATURE OF INJURY IN | ITEM 18 PART I OR PART 2) |
| 7 | OR CONTRIBUTING CAUSE OF D | | DAY YEAR | | |
| | (IF EITHER NOTIFY MEDICAL EXAMIN | 21e PLACE OF INJURY | 211 LOCATION | CITY OR TOWN | COUNTY STA |
| 2 | MARIE NOT WHILE | (AT HOME, STREET, FACTORY, OFF | ICE FARM ETC) STREET | CITY OR TOWN | COONIT |
| | | - A-1) - AAdd Ab d d A | 10.8 | 5 . JUNE | 2 10 8 7 11 11 11 |
| | saw the deceased alive of | pital) attended the deceased from | (17) | , 10 | and have and Iram the causes state |
| 2 | obove, (I) (wb) (dig) (did i | nat) view the body after death? | | | |
| | 27k SIGNATURE | 10/1 | DEGREE ATTENDING | MEDICAL STAFF | 22c. DATE SIGNED |
| | 110mx | W/ Xeol | PHYSICIAN | | 10 6/3/8/ |
| 4 / | 228. PHYSICIAN'S NAME (TYPE | E OR PR. 41) | 22e ADDRESS | 1 0 K | |
| / | RONALI | (SRUKE | 2 3 VILLAGE | GREEN C | ROFFEN MID |
| 23 | 30. BURIAL, CREMATION, REMOVA | AL 23b. DATE 2 | 36. NAME OF CEMETERY OR CREMATOR | | |
| | | AL 1830. DAIL | ACTION OF CENTERED ON CHEMINION | | |
| | (SPECIFY) | | | CITY OR TOWN | |
| 74 | | | Vestview Crematory | Baltimore DATE REC'D. BY REGISTRAR MA | AACO Md REGISLBAR'S SIGNATURE |

DHMH - 16 60M 7/84

(VRA 15, 4) Hardesty FH. 12 Ridgely Ave: Annapolis Md JUN 5 198/ Talea Desideon Condall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FICK

Jan

5. DATE OF BIRTH

CERTIFICATE OF DEATH

| | 8 / _{REG. NO.} 1 | 5 | 1 | 5E | T |
|---|------------------------------|---------|-------|----------|----------|
| | JUNE 22 | , 19 | 87 | 744 | P |
| | & AGE (INTERESTACT BRITISHE) | FUNDE | BATY! | A PARTIE | 24 HBS |
| | 70 VR5. | avOH3HS | DATE | HOURS ! | NV (Inc. |
| 0 | 9 BALTIMORE CITY OR COUNT | Y OF DE | ATH | , | |

IN BRITHPLACE (STATE OF FOR ON IN CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A.

1657

MARRIED ANEVER MARRIED WIDOWED 17 DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

ANNE ARUNDEL COUNTY 12s USUAL OCCUPATION 17h KIND OF BUSINESS OR Housewife Tomemaker

GLEN BURNIE

ME WAS DECEASED EVER IN U.S. ARMED FORCES!

PART I DEATH WAS CAUSED BY

MABEL

DSUAL RESIDENCE IN HUBSHIG HOME OR OTHER HILLSTUFFON OWE RESIDENCE REPORT ADMISSIONS THE TIME COUNTY THE CITY OR TOWN Glen Burnie

NORTH ARUNDEL HOSPITAL

MEDIT

LENORE

White

134 INSIDE CITY LIMITS? NO X 11. MOTHER'S MAIDEN NAME

1917

408 Rogers Avenue 21061 "Elizabeth Woomer

Maryland A FATHER'S NAME Charles

CERTIFICATION

IVES PIGOR UNKNOWNE

> FOR

REGISTRAR DECEASED NAME

Female

IB. CITY OR TOWN OF DEATH

1 STATE

(14PE OR PENAL)

SEX

IE CAUSE OF DEATH (Enter only one couse perfine for in), this and ic-

IF YEL GIVE WAR OF DATES!

A.A.

4 RACE

Heath Sr. 146 SOCIAL SECURITY NO 212-24-8257

Mary 17 INFORMANT Richard F. Fick

ADDRESS.

Same as 13e

| DUE TO, OR AS A CONSEQUENCE OF CO. | IMMEDIATE CAUSE | 10 Caren garage | 10000 |
|--|---|--------------------------------|----------------|
| anditions, if any, which power tise to immediate ouse to stating the pue to on as a consequence of the pue to one a consequence of the pue to one as a conseque | Conditions, if any, which pove rise to immediate outer to stating the DUE | TO, OR AS A CONSEQUENCE OF COM | essugge ht tot |

MOT RELAKED TO THE TERMINAL DISEASE OR CONDITIONS OVEN IN PART THE PART 2: OTHER SIGNIFICANT CONDITIONS CONTR

No DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

YES [] NO YES [] THE HOW INJURY OCCURRED. LENGER WATURE OF INJURY IN FILM OF FART LOFFART 21

78a AUTOPSYT

21a. ACCIDENT WAS LINDERLYING. OR CONTRIBUTING CAUSE OF DEATH OF RITHER INCOMY MEDICAL EXAMINERS 714 INJURY OCCURRED

NOT WHILE

P.M. HE PLACE OF INJURY AFROME STREET FACTORS OFFICE FARM BTC I

211 LOCATION

COUNTY

706. TF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22s.1 certify that (1) (this haspital) attended the saw the decrased alive on. above. (1) (we) (did) (stid not) view the bady after de

> DEGREE STAFF ATTENDING MIRECTOR | PHYSICIAN

77: DATE SIGNED

SUBONG. AMASTACIO E.

22s ADDRESS 206 CRAIN HIGHWAY, S.W. GLEN BURNIE, MARYLAND 21061

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

The BURIAL PREMATION REMOVAL LUMBERHIE Burial

23r: NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 73d LOCATION Baltimore

Md A.A.

24 FUNERAL DIRECTOR

275 SIGNATURE

774 PHYSICIAM

George J. Gonce 4001 Ritchie Hgwy Balto Md

DATE REC'D BY REGISTRARIES REGISTRAR'S SION FURE dia Dandom P.

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT

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ALTERNATION NOTICE TO SEE THE SECOND SECOND

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SO SEMON

SEVERNA PARK, MD. 21146

STATE OF MARYLAND

FORESRY S. BARDAY 30 99 FOR YOUR DAYS WHEBABS SEVERNA FARM IND 21145-000WWHERE SELECTION

056290

| | STATE OF MARYLAND |
|-----|------------------------------|
| FOR | DEPARTMENT OF HEALTH AND MEN |

MENTAL HYGIENE

| | | - | | |
|---|----------|---|---|-------|
| 3 | 1 | 3 | 1 | 6 FI |
| | REG. NO. | | 7 | ~ 1.1 |
| | | | | |

| 1 | - STATE REGISTRAR | | | CERTIFI | CATE OF DEATI | H | B REG. N | 0. | 5 / | O EDT |
|--------------|--|--|--|--------------------|----------------------------------|---------------|--|-----------------|---------------------------------|---|
| | DECEASED NAME FIRST YPE OR PRINT) MARY | CLEDA | | OGLE | ST. | | JUNE | 9, | 1987 | 26 HOUR 555 AM |
| 1 | FEMALE | 4. RACE CAUCAS I | | 5. DATE OF | | 1 3 | 6. AGE (IN YEARS LAST BIR | | FUNDER I YEAR | |
| 1 | IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND | Th CITIZEN OF WHA | | MARRIED WIDOWED | NEVER MARRIE | ED 📙 | 9. BALTIMORE CITY O | _ | | Y MD. |
| 10. | GLEN BURNIE | 11. NAME OF HOSI (IF NOT IN SUCH FAC NORTH A | PITAL, NURSING JULITY, GIVE STREET AD RUNDEL F | | | NC | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C Housewif | OF WORKING LIFE | 12b. KIND (INDUSTRY Home | of BUSINESS OR maker |
| 13 | SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COL | JNTY 13c | residence before at CITY OR TOWN en Bur | . 1 | 13d. INSIDE CITY LIA YES NO [| AITS? | 7985 No1 | park | Court | 21061 |
| 0 | FATHER'S NAME FIRST JESSIE | J. | ALLEN | N. A. | BESSI | E | MIDDLE C | dia mal | ALLÉ | |
| 166 | WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C) | IVE WAR OR DATES) | SOCIAL SECURI | | | | lena, Mary Gunther | | 211 19th S | |
| CERTISCATION | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT | (c) | | ATH BUT N | NOT RELATED TO THE | HE TERMI | Janhan an culous NAL DISEASE OR CON 200 AUTOPSY? | IDITION GIV | | INGS USED |
| 68 | OR CONTRIBUTING CAUSE OF D | EATH HOUR A.M. | JURY MONTH DAY | YEAR | 21c HOW INJURY | OCCURRE | YES NO | YE | S | NO 🗆 |
| Menical | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF II (AT HOME, STREET, F | JURY ACTORY, OFFICE, FAR | M, ETC) | 21f. LOCATION STREET | | CITY OR TO |)WN | COUNTY | STATE |
| 723 | 220. I certify that (I) (this has saw the deceased alive cabave, (I) (we) (did) (did table 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE SACIT FREN. | nat) view the body athe | g death 19 8 | 2 , and D | EGREE ATTENI PHYSIC 22e. ADDRESS | DING CIAN 518 | MEDICAL STA DIRECTOR PHYSIK S. CAMP M. MARYLAND | EADE R | 22c. DATE | , that (I) (we) last e causes stated E SIGNED |
| 1'3 | (SPECIFY) | 6/12/8 | | | aven Par | | Glen Bur | nie | AUNA | MdSTATE |

DHMH - 16 50M 1/81 (VRA 15, 4)

BURIAL 6/12/87 Gien Haven 19 14 FUNERAL DIRECTOR
Raymond C. Fink Glen Burn 16, Md. 21061

JUNE TO BEEN RAPISH REGISTRAR'S SIGNATURE

CERT FIRST Name of the Party of TOO IS THE THE THE THE THE THE PARTY OF THE TOTAL AS A STREET THE

SACIT INCH. I.D. LINTERTON, DALYLAW, RIGHT

A A should be the test of the sound of the s

AND THE RESIDENCE OF THE STATE OF THE STATE

death o

uneral director, page 3 in 72 hours ofter death

umotic event, the

signed by the attending

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit. with the State Dept. of Health and Mental Hygiene prior

IMPORTANT: If Item 21 is marked or Item

moy be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | REG. N | 10. | - | 5 | 1 | 6 | 2 |
|------|--------|-----------|---|-----|--------|-----------|---|
| COLD | CATLL | 440041711 | _ | DAY | WF 1.0 | 11 110110 | |

| REGISTRAR | | | TCATE OF DEATH | REG. NO. | 1 3 / 0 2 |
|--|--|---------------------------------|---------------------------------|-------------------------------------|---|
| DECEASED NAME TYPE Maynard J. | Foreman | DLE | AST | 6/20/87 | DAY YEAR 26 HOUR > |
| SEX | 4 RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| male | White | 04 | 15 1911 | 76 YR | |
| BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WE | HAT COUNTRY? 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COU | NTY OF DEATH |
| Pennsylvania | U.S.A. | | | A. A. | MI |
| CITY OR TOWN OF DEATH | | SPITAL, NURSING HOME C | | 120 USUAL OCCUPATION | 126 KIND OF BUSINESS OF |
| Glen Burnie | North A | rundel Hospit | al | Truck Driver | Nabisco Co. |
| SUAL RESIDENCE (IF NURSING HOME) 136 CC | | VE RESIDENCE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP C | |
| Maryland | | Millersville | YES NO K | 1181 Tanager | Drive 21108 |
| FATHER'S NAME | WIDDLE | LAST | 15. MOTHER'S MAIDEN NA | ME MIDDLE | LACT |
| Ira | Middle | Foreman | Cora | MIDDLE | Diehl |
| WAS DECEASED EVER IN U.S. | | b SOCIAL SECURITY NO. | 17 INFORMANT | ADDRESS | |
| YES (15 YES W) | V II | 214-05-8218 | Wanda Lamber | t 1341 Glyndon | Ave. 21223 |
| Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | DUE TO, OR A | TRIBUTING TO DEATH BUT | COPP NOT RELATED TO THE TERM | INCE | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? |
| OR CONTRIBUTION C CAUSE OF | DEATH HOUR A.M. | NJURY MONTH DAY YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | YES NO |
| (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF | | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| 22a.1 certify that (1) (this has sow the deceased alive | deoth occurred on the date and | hour and from the couses stated | | | |
| The Signature | above (1) (well (did not) view the bady attacked the | | | MEDICAL STAFF DIRECTOR PHYSICIAN | 6/20/87 |
| 226 PHYSICIAN'S NAME (TY | | - ALELINI | 22e ADDRESS | | |
| Ronald S | roka M.D | | 3 Villiag | e Green Cro | fton, MD 2111 |
| BURIAL, CREMATION, REMOV | AL 23b. DATE | 23c. NAME OF C | EMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| Burial | 6/23/8 | 7 Meadown | ridge Memorial | l Pk. Elkridge | Howard Md. |

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

Md.

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave

Meadowridge Memorial Pk. Elkridge Howard M
21229
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
107 Wilkens Ave 2 4 1987

TRANS'.OF .U. DESCRIPTION

15 1511

. A . A

.C. alone biano

Tilliage from Crofton, as 21114



| | 16. | Delt H | 1 | Items, 18a., 211 | | | by Med | STAT | E OF N | AARYLAND I AND MEI | D NTAL HYC | SIENE IT | EM: 18a | , PER | MEO G | -702 8 | 8/12/93 |
|-------|---------------------|---|------------------|--|---------------|----------------------|---------------|-----------------|-------------|-----------------------|-----------------|--------------|--------------|--------------|------------|------------------------|-----------------------------|
| | | | 1- | FOR Exam., / GI REGISTRAR | oj., 6/ | MED | ICAL E | XAMINI | R'S C | ERTIFIC | ATE OF | DEATH- | /j.e.s | NO 13 | 1 | 6 | ion |
| 55 | 63 | 4 JUN -5 | | CEASED NAME FI | RST | | MIDDLE | | | LAST | | 2a. DA1 | E KNOWN | | H DAY | YEAR | 2b. HOUR |
| | | %××××× | (TYF | e OR PRINT) | chael | Law | rence | | Gá | affney | | OF DEA | TH MATED | X 5 | 3 | 19 87 | |
| | | PLEASE ECTOR. PILES. HOURS STREET, | 3. SE | | 5. D | ATE OF BIRTH | | | RS IF UN | IDER I YR. II | | | ATE | MÖNTH | | YEAR | 2d. HOUR |
| | | HELY PLEASE LOIRECTOR. COUR FILES. VYZ HOURS TON STREET, | M | ale Caucasi | ian De | ec. 6, 1 | | 33 YRS | | HS DAYS | HOURS M | | DUNCED AD | 5 | 27 | 1987 | 1 PM |
| | | SIN AL | a. B | RTHPLACE (STATE OR DREIGN COUNTRY) | 7b. | CITIZEN OF WHA | AT COUNT | RY? | 8 MARRI | ED NEVE | ER MARRIED | 9. BAL | TIMORE CIT | Y OR COU | NTY OF I | DEATH | |
| | | DAN CAR | 7 | Oklahoma | | USA | | | WIDOW | /ED 🗆 | DIVORCED | □ An | ne Aru | | | | ME |
| | | SARAS C | 01. | TY OR TOWN OF DEATH | | NAME OF HOSP | LITY, GIVE ST | REET ADDRESS) | | | ON 12 | FOR MOST OF | | TYPE OF WORK | 12b. Kil | ND OF BL R INDUST | JSINESS RY |
| | | \$0% / | | nnapolis | | Sandy Po | | | | (DOA) | I | Electro | onic T | echni | cian | NAS/ | A |
| | 21201 | ZOEDO | _ 13a. S | TATE 113b (| COUNTY | | 13c. CITY | ORTOWN | | 136. INSIDE CITY | LIMITS? 13 | e. STREET AD | DRESS | | | | |
| | 2.2 | T A ME BY | | ryland Prin | ice Ge | eorges | Boy | ie . | | YES & | NO . 2 | 2919 Be | arrist | er La | ne | 207 | 715 |
| 1100 | E, MD. | | 1 | Laurence | | F. Ga | ffney | AST | | FIRS | | | MIDDLE | | Oh | LAST | |
| March | AOR | D () ≥ ≥ () - | 16a. \ | VAS DECEASED EVER IN U. | S. ARMED | FORCES? | - 0 | IAL SECURITY | NO. | 17. INFORMA | | Cal | ADDR | 53451 | Chas | arga: | te Ct |
| | BALTIMORE | S AFTER GIVE PAGES I | and the same (1) | ES, NO, OR UNKNOWN) (IF YE | S, GIVE WAR | OR DATES) | 215- | 66-831 | 5 | Mary C | . Gafi | ney | | Fair | | | 22039 |
| A | 1. | | | 18. CAUSE OF DEATH (En | ter only on | | | | a . | 11/1 | | | | | BETY | PPROXIMAT WEEN ONSE | TE INTERVAL ET AND DEATH |
| | NO | PERA ONC SIEN | 1 | | AEDIATE CA | AUSE (a) | | | | WNING WI | TH CERV | ICAL SPI | INE INJU | JRY | | | |
| | EST | A ALLASIT | | Canditions, if any, | which | DUE TO, OR A | AS A CON | SEQUENCE O | IF. | | | | | | | | |
| | > P | WITH NCIENTS AND STATE OF REAL PROPERTY | | gove rise to imme couse (a) stating the | ediate | (b) | SACON | SECUENCE | E | _ | | | | | | | |
| | 201 W. PRESTON ST., | N PE | | lying couse last. | | (a) | 10 / COIT | SE QUEITCE O | | | | | | | | | |
| | DS, 3 | CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF ITING THE WORD "PENDING" IN PENCIL IN ITEM 18 DED TO THE CHIEF MEDICAL EXAMINER ALONG W SO SHOULD BE USED AS A BURIAL TRANSIT PERMIT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D PRIOR TO BURIAL, CREMATION, OR REMOVAL. | 10 | PART 2 OTHER SIGNIFICANT CON | OITIONS CONTI | RIBUTING TO DEATH BI | JT NOT RELAT | ED TO THE TERMI | NAL OISEASI | E OR CONDITION (| GIVEN IN PART I | (a) | | | | | |
| | SO | NDIP NDIP NEDIC | Z | | | | | | | | | | | | | | |
| | A R | CULD WEEN WEEN AL, CAL, CAL, CAL, CAL, CAL, CAL, CAL, | 7 3 | 19a. DATE OF OPERATION | 1 | 196. CONDITI | ON FOR V | VHICH OPERA | W NOITA | AS PERFORM | ED? | | | | 20 / | AUTOPSY | ? |
| | OF VITAL RECORDS, | SHOULD ORD "PER CHIEF M BE USED A NT OF HEA BURIAL, C | CERTIFICATION | | | | | | | | | | | | | YES 🔀 | NO 🗌 |
| | 9 | WEN THE WARNER | | 210. EXTERNAL CAUSE W | | | | DAY YEAR | 1 | OW INJURY C | | | | 18 PART 1 OR | PART 2) | | |
| | SION | STIFIC VG TI SHOIL RIOR | MEDICAL | CONTRIBUTING CAUS | E OF DEAT | P.M. | 5 FINIURY | 3 19 87 | | bject ju | umped fi | rom brid | lge | - | | | |
| | DIVISION | NER: THIS CERTIFICATE ICATE, WRITING THE WA FORWARDED TO THE TOR: PAGE 3 SHOULD B THE STATE DEPARTMEN AND, 21201 PRIOR TO B | ME | WHILE DOT WHILE AT WORK | LE 🛛 | STREET, FACTO | | C.) | S | Preston | Lane B | | RTOWN | Anne Ar | undel | , M | state lary lan |
| | | RE THE THE THE THE THE THE THE THE THE TH | 3 | 22a. I certify that I took | charge of | the remains desc | ribed obov | ve. held on | Autop | sy X | Inspection [|], Ingu | IIIV 🗍 | and in my | opinion | | |
| | | AND THE STANK | | | Notural co | | Accident | , Suid | TV. | , Hamicio | | Undetermined | monner [|], | | | |
| | | CERT CERT DID E | | - | | / | | // | | TITLE (SPE | | | | | _ | | |
| | | AHA PER | | SIGNATURE | | a | - | 1 | | Assis | stant_ | MEDICAL EX | CAMINER | SIGI | NED_5 | /28/ | 87 |
| | | TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 | 1 | EXAMINER'S NAME (TYPE OR PRINT) | W | illiam | . Za | ne, M. | 0. | ADDRESS | 111 | Penn S | st. | E | Balto | .MD. | |
| | | 524548 - | 23a. B | URIAL, CREMATION, REMO | | | 23c. N | | | R CREMATOR | | 23d. LOCATIO | 1 | CC | YTAUC | S | STATE |
| | 07/84 25M | BP619 | - | Burial | Ma | y 30 198 | | | | Church | h Cem | BOW | ie, Ma | rylar | 1d | TIDE | |
| E.T. | 2314 | DHMH - 17 | | uneral director all Funeral | · OZA | 126000 ADDRESS | | | oad | 25 | JUN 3 | | | Depto | ALL SICKIA | and all | - |
| | | (VR A15 ME (5)) | De | all Funeral | mone/ | DOMTE | Mar | yrand | | | JUINA | 130 | 1 4 | | | | |

1513 Chapenian Dea, 6, 1532 BB - 1518

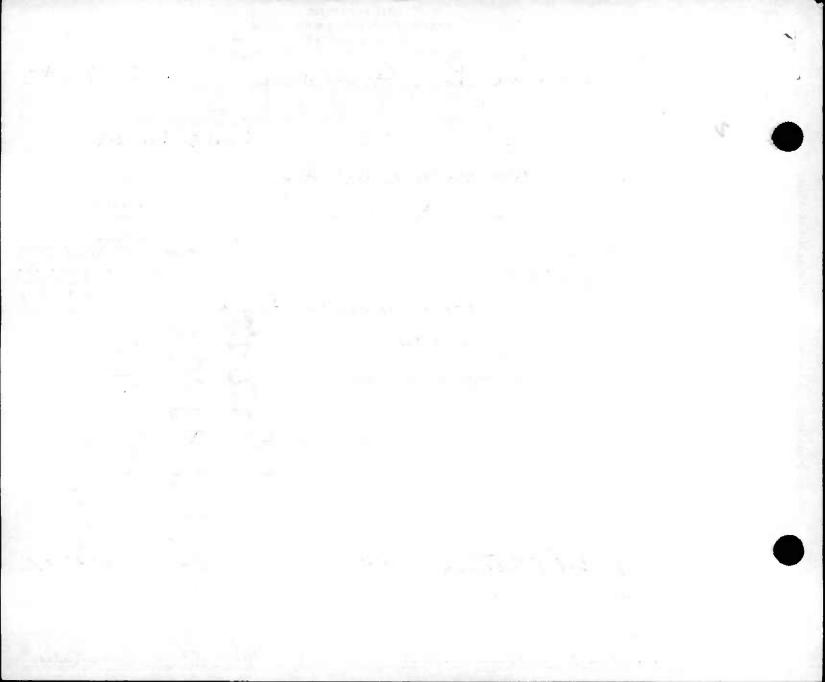
Talo Constant Cuna 25, 1360 20

AMENICAN STRUCTURE STRUC

Required Standard (JUN 15, year allowed lead to the Mordard Standard Standard (July 1 of the Angella Rose) (JUN 1 of the Angella Rose) (JUN 1 of the Angella Rose) (Juny 2015-30kg

TRICE .

| 20 | | | | TATE OF MARYLAND | | |
|--|---------------|---|--|---------------------------------------|--|--|
| 7.990 # | 1. | FOR STATE REGISTRAR | | OF HEALTH AND MENTAL HY | GIENE 8 / REG. NO. | 5/66 |
| may be page 3 ter death | | CEASED NAME CATT | renue P. | GiBSON | 20 DATE OF DEATH MONTH | - 23 - 87 3 AMM |
| director, pog | 3. SE | EMALE | 4. RACE 5. D | ATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) 83 | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. S. |
| and 72 | | RTHPLACE (STATE OR FOREIGN DUNTRY) | 76. CITIZEN OF WHAT COUNTRY? 8 M/WILL | RRIED NEVER MARRIED OWED DIVORCED | ANNE AV | NTY OF DEATH SU NOW MD. |
| by the fune | 10 C | n napolis | OUR NOT IN SUCH FACILITY, GIVE STREET ADDRES | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEHOLD | G LIFE) 126 KIND OF BUSINESS OR |
| filled in rould be | USU 13e: (| AL RESIDENCE (IF NURSING HOME TATE 13b. COI Phio | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS UNITY 13, CITY OR TOWN Lee tonia | 134 INSIDE CITY LIMITS? YES NO 14 | 130.STREET ADDRESS / ZIP CO | P. 44431/9999 |
| and 2 sh | | THER'S NAME Patrick | Harkins | Mary FIRST | A. MIDDLE De | eTemple LAST |
| Poges I | 16a. V | VAS DECEASED EVER IN U.S. A | ARMED FORCES? 166 SOCIAL SECURITY (281–44–5279 | | 2195 Ben Frankl | in Dr. Pitts. Pa. |
| physicic on papers emovol. | | | only one couse per line for (a), (b), and (c).) SED BY: ATE CAUSE (a) Chronic | respiratory 1 | Euler e | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| d by the attending p lease remove carbon, ial, cremation, or rem or ather traumotic eve | | Canditians, if any, which gove rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE (b) C P.1) DUE TO, OR AS A CONSEQUENCE (c) | OF | | |
| nos been signed permit. Then pl ne prior to buri ws any injury, a | CERTIFICATION | PART 2 OTHER SIGNIFICAN | T CONDITIONS CONTRIBUTING TO DEATH | | 20a AUTOPSY? 20b. IF | GIVEN IN PART 110 YES, WERE FINDINGS USED YES OF DEATH? YES OF DEATH? |
| ental Hygiene ental Hygiene Item 18 shaws | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN | DEATH HOUR A.M. MONTH DAY | 21ε. HOW INJURY OCCUI | RRED (ENTER NATURE OF INJURY IN ITEM | |
| of the bu | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| for us of He 21 is | | saw the deceased alive | spital) attended the deceased from | , 19, 19 | n death occurred on the date and | , 19, that (I) (we) last haur and from the causes stated |
| detoched ote Dept. VT: If Item | | 22b. SIGNATURE Rulet | 1 Polim | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 224. DATE SIGNED 6-23-87 |
| should be det with the State MPORTANT: | | 22d PHYSICIAN'S NAME (TYP Robert Pete | eorprint) erson M.D. | 22e ADDRESS Annapoli | s, Maryland | |
| 19 | 23a | BURIAL, CREMATION, REMOVA SPECIFY) Burial | | of CEMETERY OR CREMATORY ary Cemetery | 23d LOCATION CITY OF TOWN Youngstown | COUNTY STATE Ohio |
| 16 60M 7/84 | 24 F | JNERAL DIRECTOR | Annapolis Md. 21401 | 25a. D.A | JUN 26 1087 | GISTRAR'S SIGNATURE |



southern the constant of the conference of the c -Brooker, in 1889 I THUE Grave experience of the second second second executed within

ing physicion and co recopposers. Pages 1 removal.

TO FUNERAL DIRECTOR: After this certificate has been signed lifty the of should be detached for use as the buriol-transit permit. Then please 'rem with the State Dept. of Health and Mental Hygiene prior to burial, crem IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other tra

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

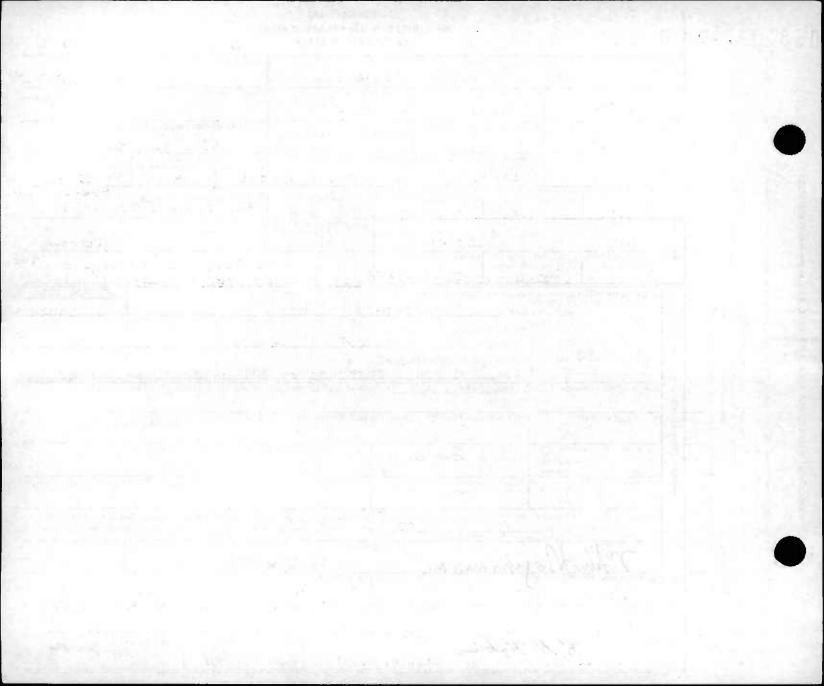
BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

rector, page 3

STATE OF MARYLAND

| - 00 | 10- | STATE REGISTRAR | | | DEPART | | ICATE OF DE | | 8 | REG. NO | ELEMANTS. | 5 | 1 | 0 | 8 |
|-------|---------------|---|--------------------------|----------------------------|-----------------------|--|-----------------------|--------------|--|------------------|---------------------|----------|---------------------|------------------|----------|
| 7 | | CEASED NAME | FIRST | MIE | DDLE | l | AST | | 20. DATE OF | DEATH / | HINON | DAY Y | YEAR | 2 b . HOU | R |
| | LITTE | Le | EROY | | Vernon | Gin | gerich | | - 12 | Jı | une | 25 | 87 | 18: | 30.P |
| ì | 3. SE | х | | 4 RACE | | 5. DATE C | | | 6. AGE (IN Y | | HDAY) | IF UNDER | TYEAR | IF UNDER | |
| | | Male | - 1999 | White | 9 | MONIN | T. DAY | YEAR 29 | | 58 | YRS | MONTHS. | DAYS | HOURS | MIN. |
| 0 | 7a. BI | RTHPLACE (STATE OR F | OREIGN | 76. CITIZEN OF W | HAT COUNTRY? | 8. | | | 9. BALTIMO | | | OF DEA | TH | | - |
| | P | ennsylvani | a | FTC | SA | WIDOWE | D NEVER M | ORCED X | | | ΔΔ | .co. | | | MD. |
| - | | ITY OR TOWN OF DEA | | 11. NAME OF HO | SPITAL, NURSIN | IG HOME C | | | 120. USUAL C | | N | 12b. K | (IND OF | BUSINE | |
| | Ft | . Meade | | Kimbi | cough A | ADDRESS) | Comm. | Hospi | tal E | 6 (Re | | | SArı | mv | |
| | 13a. S | AL RESIDENCE (IF NURS STATE aryland ATHER'S NAME | ING HOME OR 13b. COUN | OTHER INSTITUTION GI | | ADMISSION) | 13d. INSIDE CIT | Y LIMITS? | 8629 | DDRESS / Pion | zip code eer | Dr. | Sev 21 | ern 144 | , MI |
| 1 | 14, FA | Norman | | Gi | ngeric | h | F | aine | ME | WIDDLE | | | | know: | |
| | | VAS DECEASED EVER | | MED FORCES? I | 66 SOCIAL SECU | RITY NO. | 17. INFORMAN | T (Son |) | ADDRES | ⁵⁵ 1-250 | 3 Br | ewst | ter | Driv |
| | | Yes | | & Kor | 208-22 | -185 | 5 Davi | d M. G | ingeri | | Bowie | , Md | . 2 | 2071. | 5 |
| | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | | | | BE | APPROXIM | NATE INTER | VAL DEATH | |
| 19.03 | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure | | | | | | | | | | | ites | | |
| | | | | | AS A CONSEQUE | ENCE OF | | | | | | | | | |
| | | Canditions, if any, | | ((b) | | | urolog | ic Da | mage | | | | 8 [| avs | |
| | | gave rise to imm couse (a), statin | ig the | DUE TO, OR | AS A CONSEQUE | NCE OF | | | - | | | | | | |
| | | underlying cause last. (c) Chronic Obstructive Pulmonary Disease | | | | | | | | | 286 | Ve | ars | | |
| | Z | PART 2. OTHER SIGN | ONDITIONS CON | TRIBUTING TO D | DEATH BUT | NOT RELATED T | O THE TERM | INAL DISEASI | OR COND | ITION GIV | EN IN P | ART Ira | | | |
| | CERTIFICATION | 19a DATE OF OPERA | TION | 196 CONDITI | ON FOR WHICH | ON FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, V | | | | | | S, WERE | WERE FINDINGS USED | | |
| ř | E | | | | | | | | YES NOT YES T | | | | NG CAUSES OF DEATH? | | |
| | ER | 71a. ACCIDENT WAS UNE | DERLYING | 21b. TIME OF | | | 21c. HOW INJ | JRY OCCURR | JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) | | | | | 140 | |
| 1 | | OR CONTRIBUTING | | III | MONTH DA | | | | | | | | | | |
| | MEDICAL | 21d. INJURY OCCURE | | P.M. | | 19 | 211 LOCATION | 1 | | | | | | | |
| | AE | WHILE NOT WH | HILE | | T, FACTORY, OFFICE, F | ARM, ETC) | STREET | | | CITY OR TOW | M | COU | NIY | S | TATE |
| | | 220.1 certify that (I) | | all attended the | deceased from | 6 | 18 | 10 87 | to 6. | /25 | | 10 8 | 7 | hot (1) (v | va) lost |
| | | | | 6/25) view the body of | | 87_, or | nd that in (my) (| | ., 10 | | te and hou | | | | |
| | | obove, (1) (we) (c | did) (did na |) view the body of | ter death. | | DEGREE | | | | | 770 | DATES | IGNED | |
| | | Will | AVI | mah. | | | AT | TENDING | MEDICAL DIRECTOR | STAFI | f and | | | | 1987 |
| | | 224 PHYSICIAN'S NA | AME HANGO | THE PARTY IN | A) Me | | 22e. ADDRESS | ITSICIAN E | DIRECTOR | PHISICI | AN L | 13. | | | |
| | | Mike A | . Ro | val | | | | | Army | | | | | | |
| | 73a F | BURIAL CREMATION. | | | 73, N | NAME OF C | Fort EMETERY OR CE | Ceor | 23d. LOCA | NO. | lary | land | 1 2 | 075 | 5— |
| | | (SPECIFY) Cremat: | | | , 1987 S | | | | CITY | OPTOWN | | Bal | γ | Md | TATE |
| | 24 FI | UNERAL DIRECTOR | 90 1 | 4 9/2/ | | | | 25a. DATI | E REC'D. BY R | EGISTRARIZ | Sb. REGIST | | | | |
| | | ingelton F | unera | 1 Home | Glen Bur | nie. | Marvlan | 1 JUN | 3010 | 187 | , mar De | MAGDEL | -Not | per | |
| | 1 | | | | | | 1 | | - 10 | 1/1 | | | | | |



MIDDLE

FOR

REGISTRAR

I. DECEASED NAME

STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

PART 2. QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 COUNTY STATE , and that in (my) (surpopinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE BURIAL 6-17-87 LAKEMONT MEMORIAL DAVIDSONVILLE A.A.Co. Md. 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE EVANS 1212 WEST ST. ANNAPOLIS Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

12b. KIND OF BUSINESS OR

13E

as

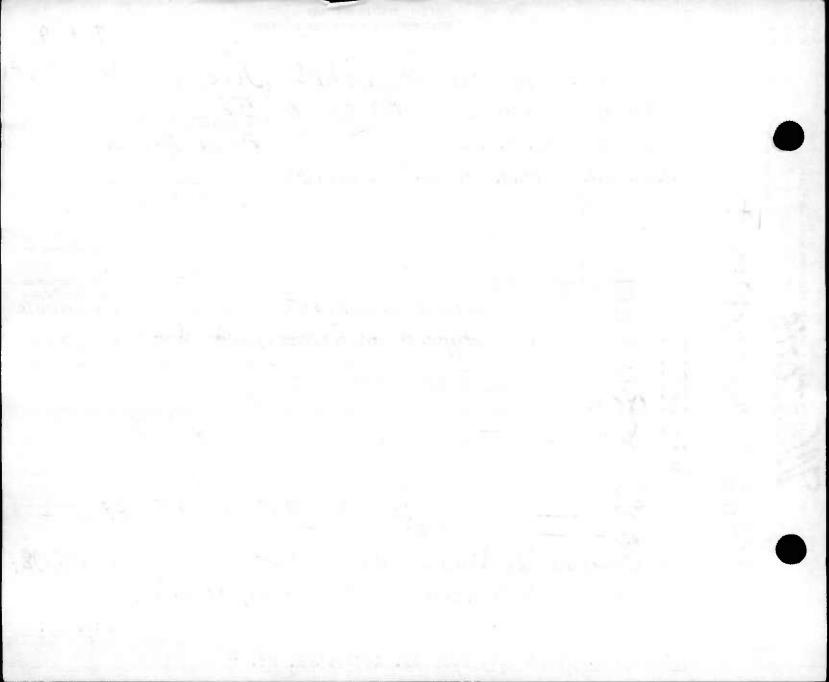
21035

APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH

IF UNDER 24 HRS

MD.

20. DATE OF DEATH



oth

0

shows

00

IMPORTANT: If Hem 21 is marked or Hem

CERTIFICATION

MEDICAL

poge

director p

| DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTA ICATE OF DEATH | | IENE 8 | REG. I | NO. | 5 | 1 | 7 | 0 |
|--|---|--|--------|--------------------|--------------|------------|----------|--------------------|-------------|-----------------|
| MIDDLE | ŧ | A5T | - | 20. DATE C | F DEATH | MONIH | DAY | YEAR | 26 HD | ST. |
| J | NAN | | JUNE | 11. | 1987 | | | | 20A | |
| ACE 5. DATE OF BIRTH | | | | 6 AGE IN | YEARS LAST B | IRTHDAY | | RIYEAR | IF UNDE | |
| Caucasian | Augu | st 30, 191 | | | 76 | YRS | MONTHS | DAYS | HOURS | MIN, |
| TITIZEN OF WHAT COUNTRY? | 8 | NEVER MARRIE | | 9 BALTIM | ORE CITY | OR COUN | TY OF DE | ATH | | |
| nited States | WIDOWE | | | ANNE | ARIIND | EI. | | | | MD. |
| NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.) ORTH ARUNDEL HO | 176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOmemaker Home | | | | | | | | | |
| R INSTITUTION, GIVE RESIDENCE BEFORE 136. CITY OR TOW Pasaden | ADMISSION) | 13d. INSIDE CITY LIM | | 13e STREET 7807 | | / ZIP CO | | | 2112 | 2 |
| Henry Lake | | 15 MOTHER'S MAID | EN NA | WE | | Tomi | | l (Un | T CALCAN | h) |
| FORCES? 166 SOCIAL SECU | | 17 INFORMANT | | | 778 | Es Out: | ine / | Ave. | | |
| 211-05 | -377! | Susan M. | Hil: | liard | | adena | | | nd 2 | 1122 |
| AUSE (a) | سد (| Fluck | - eu | Den | ع | | | APPROXI BETWEEN | MATE INTE | RVAL D DEATH |
| DUE TO, OR AS A CONSEQUE | MCE OF | Dono. | عا | la | | | | | | |
| DUE TO, OR AS A CONSEQUE | NCE OF | | | | | | | | | |
| (c) | | | | | | | | | | |
| ditions <u>contributing t</u> | TH BUT | NOT RELATED TO TH | Ē TERM | INAL DISEAS | SE OR CO | NDITION | SIVEN IN | PART 16 | a | |

underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CON THE CONDITION FOR WHICH OPERATION WAS THREORMED 19th DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M

21e PLACE OF INJURY

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET

20a AUTOPSY?

NO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE CITY OR TOWN

22a. I certify that (I) (this haspital) attended the deceased from 226 SIGNATURE

DEGREE

[MEDICAL STAFF PURECTOR PHYSICIAN

and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

22c. DATE SIGNED

M.

ROBERT B. KROOPNICK

224. PHYSICIAN'S NAME (TYPE OR PRINT)

NO! WHILE

95 Aquahart Road Glen Burnie, Maryland 23c NAME OF CEMETERY OR CREMATORY

ATTENDING PHYSICIAN

23a BURIAL, CREMATION, REMOVAL Cremation

21d. INJURY OCCURRED

June 12,1987 Security Process

CITY OF TOWN Inc Catonsville

24 FUNERAL DIRECTOR McCully Funeral Homes

FOR - STATE REGISTRAR 1. DECEASED NAME I THPE OF PRINT)

Female

COUNTRY

13a. STATE

Maryland 14 FATHER'S NAME

La BIRTHPLACE (STATE OR FOREIGN

Pennsylvania

CITY OR TOWN OF DEATH

GLEN BURNIE

(YES, NO OR UNKNOWN)

3. SEX

ETHEL

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIV

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if any, which gave rise to immediate cause (a), stating the

18 CAUSE OF DEATH (Enter only one cause per lin PART I. DE ATH WAS CAUSED BY

4 RACE

Anne Arunde

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

James

76 CITIZEN OF WE

United

NORTH AR

3204 Mountain Road Pasadena, MD 21122

DHMH - 16 60M 7/84 (VRA 15, 4)

056360

ector, page 3

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

| TREG. NO. | 5 | 1 | / EI |
|-----------|-----|--------|------|
| C DE ATIL | DAY | WF + D | |

| P | I. DECEASED NAME FIRST | WIODIE | L. | AST | | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR | 3 | | |
|---|--|---|---|--------------------|---------------|-------------------------|-----------------|--|-------------|----------------|--|--|
| 1 | MYRTLE | MAY | GREEN | | | JUNE | 5, | 1987 | 300 | AM | | |
| F | 3. SEX | 4. RACE | 5 DATE C | | YEAR 6 | AGE (IN YEARS LAST BIR | THOAY} | IF UNDER 1 YEAR | IF UNDER 2 | 24 HRS MIN. | | |
| I | Female | White | 2 | 26_ | 07 | 80 | YRS. | MONTHS DATS | HOURS | MIN. | | |
| 1 | 70. BIRTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF WHAT COUNT | RY? 8. | NEVER MAR | - 9 | BALTIMORE CITY | | OF DEATH | | | | |
| k | Md. | II. S. A. | WIDOWE | | | ANNE A | RUNDEL | COUNT | Y | MD. | | |
| 1 | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | RSING HOME C | R OTHER INSTITU | | 20 USUAL OCCUPAT | | 12b. KIND C | F BUSINES | | | |
| 1 | GLEN BURNIE | | L HOSPI | TAL | | Housew | | E) INDUSTRY | | | | |
| # | 13a. STATE 13b COU | | | 134 INSIDE CITY | LIMITS? | 3e. STREET ADDRESS | Glen | Burni | e.Md | | | |
| 1 | Md. Anne | Arundel-Gl | en Bur | | xx | 105 Chal | | | #210 | - | | |
| 1 | 14. FATHER'S NAME FIRST | MIDDLE LAST | | 15. MOTHER'S M. | | MIDDLE | | LAS | ST | | | |
| 1 | William | | | Cord | lelia | | | Jac | kson | | | |
| 1 | (YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? 166 SOCIALS | ECURITY NO. | 17 INFORMANT | .05 CI | nalmers | Ave | -Glen | Burn | ie. | | |
| 1 | | 218-0 | 1-0635 | Mrs. Na | | E. Robey | | | 1061 | | | |
| Γ | 18 CAUSE OF DEATH (Enter o | inly one couse per line for (o), (b | , and (c' | - 0 | | 10 | | APPRIOR SETWEEN | DESET AND D | AL MATE | | |
| ١ | PART I. DEATH WAS CAUS | TE CAUSE (o) | 1 | · w | m | - | 1 | 1 | | | | |
| ı | | DUE TO, OR AS A_CONSE | QUENCEOF | | 2 | | 0 | | | | | |
| I | Conditions, if ony, which | ((b) - Par | علاب | und | سم | of Dist | J. | 1 | | | | |
| | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSE | OUENCE OF | | | | - | | | | | |
| 1 | underlying couse lost. | (c) | | | | | | | | | | |
| 1 | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 | | | | | | | | | | |
| 1 | 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | ener | | | | | | | | | | |
| K | 5 190 DATE OF OPERATION | 196 CONDITION FOR WH | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED | | | | | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | | | |
| | E L | | | | | YES NO YES NO | | | | | | |
| 1 | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJUR | Y OCCURRE | D (ENTER NATURE OF INJU | RY IN ITEM 18 P | 'ART 1 OR PART 2) | | | | |
| ı | OR CONTRIBUTING CAUSE OF DE | MIN | 19 | | | | | | | | | |
| ł | (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | | 211 LOCATION | | CITY OR TO | | COUNTY | | ATE | | |
| ı | WHILE NOT WHILE AT WORK | (AT HOME STREET, FACTORY, OFF | ICE, FARM, ETC) | PIMEEL | | CITY OR IC | WN | COOMIT | 217 | AIE | | |
| I | | ital) attended the deceased fro | om | | 9 | _, to | | 19 | that (I) (w | e) lost | | |
| ı | sow the deceased alive or | n1 ot) view the body after death. | 9, on | d that in (my) (ou | r) opinion de | oth occurred on the d | ote and hou | | | | | |
| 1 | 22b. SIGNATURE | of view the body after deoth. | [| DEGREE | | | | 22c. DATE | SIGNED | | | |
| 1 | held | men | | | | MEDICAL STA | | 6 | 111 | V | | |
| | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | | 22e ADDRESS | _ | AQUAHART R | | SUITE 2 | 03 / | | | |
| 1 | ROBERT B. K | ROOPNICK, M.D. | | GLEN | | IE, MARYLA | | 1061 | | | | |
| 1 | 230 BURIAL, CREMATION, REMOVAL | | 23c NAME OF CI | EMETERY OR CRE | | 23d LOCATION | | | | | | |
| 1 | Burial | | Woodla | | terv | Woodla | um T | COUNTY | ST/ | ld. | | |
| 1 | G. Truman Schwa | ab 5151 Bal | to Nat | 17 Pike | 250 DATE | REC'D BY REGISTRAR | 25b. REGIST | RAR'S SIGNAT | URE | | | |
| 1 | G. III-AMRICII DCIIW | #2122 | | TITTL | JU | N 1 1 1987 | Julia | Divideon. | Randas | LA, | | |
| E | | TELEC. | 1 | | | 4, 14, 11 | | | | | | |

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is

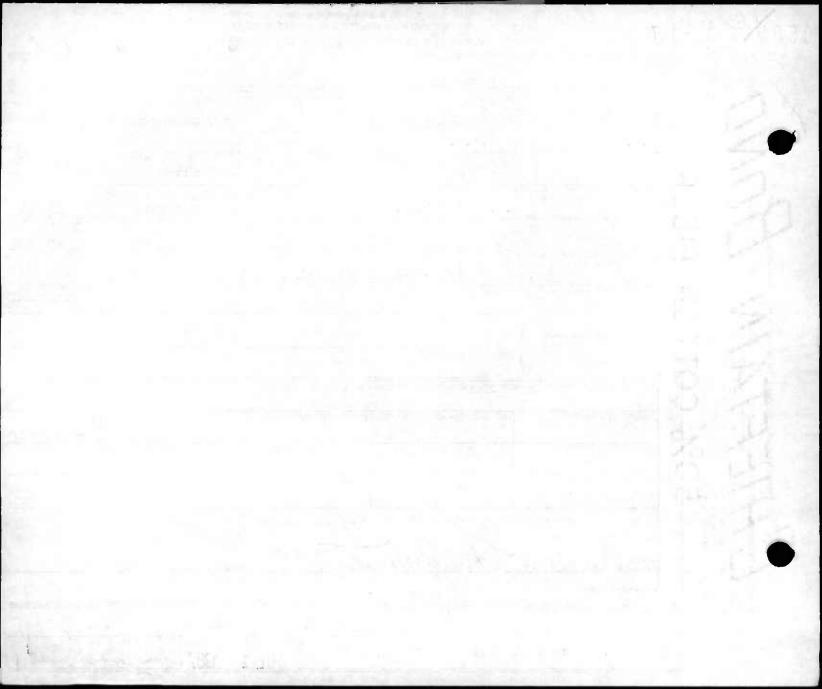
retained by the hospital or attending physician.

injury, or other troumotic event, th

THE SET OF THE SET OF

PS ACCAPACT ROAD, SUITE 203
ROWHET B. KROOFNICK, S.D. GLEN-BURNIE, MARYLAND 21061

District Louis Court Cou



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR DECEASED NAME 20. DATE KNOWN TX' (TYPE OR PRINT) OF ESTI-DEATH MATED 19 8 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS. 2d HOUR 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 108 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY SNavy ANNE ARUNDEL GENERAL 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EV IN U.S. ARMED FORCES? CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF TRANSIT 5, C, V, D Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BURIAL HEALTH AND MA AL CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEALN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6]. WRITING THE WORD "PENDINARDED TO THE CHEE MEDICAL PAGE 3 SHOULD BE USED AS A TITLE DEPARTMENT OF HEALTH OF SHIPPENT CO BEINAL CHEM. CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO D 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK WITH THE S Inspection 220. I certify that I took charge of the remains described above, held an Autopsy Notural causes death resulted fram: Accident Hamicide ___ Undetermined monner 200 TITLE (SPECIFY) GE 4 SHOUR FUNERALD MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT) ¥ 0 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 07/84 74 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

The state of the s production to the mind of the first of the f LAND COLUMN STREET saffered simple solumend in morting and a count of surprise the second of the second 450,00 A. W. mothadelf and godd this is I was not all to be sen I you are Enter the State of the transfer of the second section of the section of the second section of the s

| 57517 JUST | N FOR 1 - STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 REG. NO. | 5 / 7 ENT |
|---|---|--|---|--|---|
| m.s | 1. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 2b. HOUR |
| may be poge 3 | RUTH | A | GURRY | TINE | 20 1087 121 1 |
| 4 may or. pag fter de | 3. SEX | 4. RACE | 5. DATE OF BIRTH SONTH 2 12 | 6 AGE (IN YEARS LAST BIRTHDAY) | MUNDER I YEAR IF UNDER 24 HRS |
| age . urs o | FEMALE | CAUCASIAN | 8 2 12 | 74 YR | |
| 4. P | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUN | ITY OF DEATH |
| deot | MARYLAND | U.S.A. | WIDOWED TO DIVORCED | ANNE ARUN | DEL COUNTY MD. |
| by the free with | 10. CITY OR TOWN OF DEATH GLEN BURNTE | (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARTINDE) | HOSPITAL | (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE | 126 KIND OF BUSINESS OR INDUSTRY HOMEMAKER |
| 24 hou filled in outld be must be | | e or other institution give residence before DUNTY A.A. Glen Bu | ADMISSION) 13d. INSIDE CITY LIMITS? 1Tnie yes \ NO \X | 13. STREET ADDRESS / ZIP CO | DDE 21061 Avenue N W |
| the company | 14 FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | AME | |
| P P O | JAMES | SAPPINGTO | ON MARY JAI | NE WIGOTE | BLANCHARD |
| n and ca Pages 1 | 160 WAS DECEASED EVER IN U.S. (YES, NO ORUNKNOWN) (IF YES) | CINE WAR OR DARRE | RITY NO. 17 INFORMANT G16 4256 David W. | en Burnie Mar Gurry 16 El | yland 21061 m Drive |
| NG PHYSICIAN: The law requires that the death conficate be executed within 24 attending physician. After this certificate has been signed by the attending thysician and campletely filler as the buriel-fronts are permit. Then please is a continuous. Pages 1 and 3 should thought a your death of the miles are the buriel-fronts and mental thygiene prior to buriel, completely filler and Mental Hygiene prior to buriel, commission and mental thygiene prior to buriel, commission and mental thygiene prior to buriel, and mental thygiene prior to a prior to an attending the medical expendentials. | Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAL | DUE TO, OR AS A CONSEQUI | | MINAL DISEASE OR CONDITION | GIVEN IN PART LIG |
| he law ra an. has been t permit. ene priar | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 206 AUTOPSY? 206. IF IN CER | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc |
| PHYSICIAN: Trending physicisths certificate buriol-transition and Mental Hygind dor them 18 sh | OR CONTRIBUTION CALLES OF | OEATH HOUR A.M. MONTH DE | AY YEAR 19 | RRED (ENTER NATURE OF INJURY IN ITEM | 18 PART 1 OR PART 2) |
| uG PHYS attendir iter this is the bu h and M irked or | GRECHMINDING CASE OF | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDI spital or CTOR: A for use of Heal | sow the deceased alive | ospital) attended the deceased from | | death occurred on the date and I | |
| TAL OR A yy the hory RAL DIREC detoched tote Dept. MT: If them | 22b. SIGNATURE | mur | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | June 20 Pr |
| TO HOSPITAL retained by the TO FUNERAL should be detroid to the State limportant: | 224 PHYSICIAN'S NAME (TO | | OT 7311 DIE | 845 OAKWOOD ROAL |), SUITE 204 |
| F 5 F 7 7 3 | 230. BURIAL, CREMATION, REMOVE BURIAL | | NAME OF CEMETERY OF CREMATORY | Glen Burnie | AOUNA Md STATE |
| ВР | 24 FUNERAL DIRECTOR | 6/22/87 G | en Haven Park | TE REC'D. BY REGISTRAR 256 REG | |
| | 174 FINERAL DIRECTOR | | 26 - DA | | CICTD AD/C CICNIATURE |

| - | 1 - STATE REGISTRAR | DEPARTI | MENT OF H | E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH | GIENE REG. NO. | 15/ | , 7 = |
|---|--|---|-----------------------|---|---|--|----------------------------------|
| | DECEASED NAME FIRST (TYPE OR PRINT) Harry | WIDDLE | | Halpern | June 10. 19 | DAY YEAR | 26 HOUR 10:00 |
| t | | RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| L | Male | White | | ber 29, 1917 | 69 YRS. | MONTHS DAYS | HOURS MIN. |
| 1 | 70. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) New York | CITIZEN OF WHAT COUNTRY? | 8 MARRIE WIDOWE | D NEVER MARRIED | Anne Arundel | M | |
| | Linthicum | 1. NAME OF HOSPITAL, NURSIN 606 Fairmont | DR OTHER INSTITUTION | 12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Optometrist | | red | |
| | USUAL RESIDENCE (IF NURSING HOME OR OT 13a STATE NO.) | | /N | 13d. INSIDE CITY LIMITS? YES NOXX | 138.STREET ADDRESS / ZIP COT | Rd. 21 | 090 |
| | 14. FATHER'S NAME Unknown | DDLE LAST | | Unknown | MIOORE | LAS | т |
| I | 160 WAS DECEASED EVER IN U.S. ARME (YENOOR UNKNOWN) (IF YES, GIVE W | | | James T. Me | 6140₽₽āirm nde, Linthicum | | 1090 |
| | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE) Conditions, if ony, which gove rise to immediate | BY: Atrico | dest | ic Cornag | Ups corad was | APPROXI BETWEEN | MATÉ INTERVAL ONSET AND DEATH |
| | couse (o), stating the underlying couse last. | DUE TO, OR AS A CONSEQUE | ENCE OF | | | | |
| | | No. | | NOT RELATED TO THE TERM | winal disease or condition G | at a Su | toxix |
| | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | IN CERT | ES, WERE FINDIN IFYING CAUSES YES [] | |
| 1 | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210, IN JURY OCCURRED | 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. | AY YEAR | 21c. HOW INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) | |
| I | 216 INJURY OCCURRED | 21e. PLACE OF INJURY | | 21f. LOCATION | CITY OR TOWN | COUNTY | STATE |

220 I certify that (I) (this haspital) attended the deceased fram

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN MEDICAL STAFF

and that in (my) (our) opinion death occurred an the date and haur and from the causes stated

22c. DATE SIGNED 12 June 87

Dr. Michael Sawartz M.D.

606 Hammonds Lane.

22e ADDRESS

73a BURIAL, CREMATION, REMOVAL Cremation

230 NAME OF CEMETERY OR CREMATORY Security Process

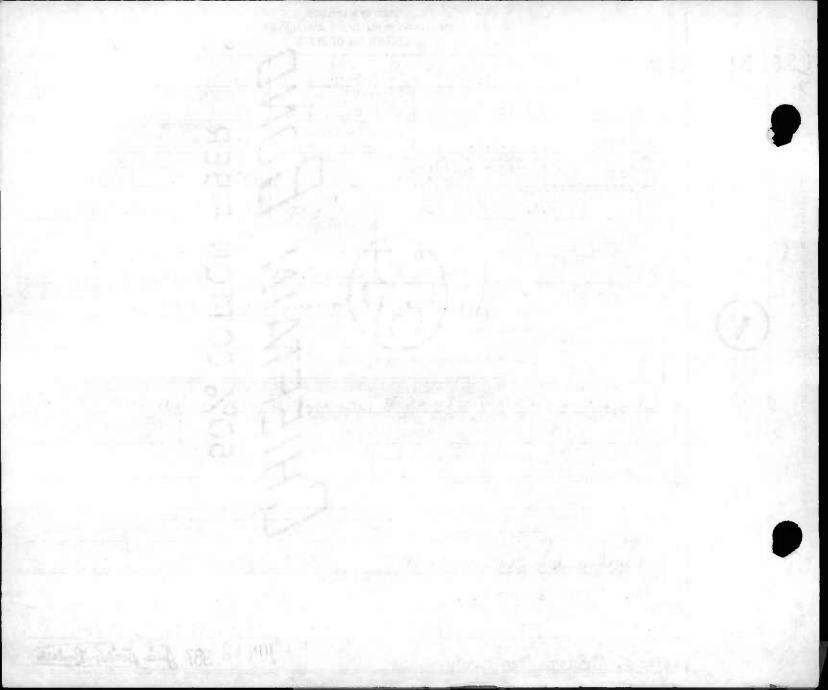
Catonsville, Baltimore,

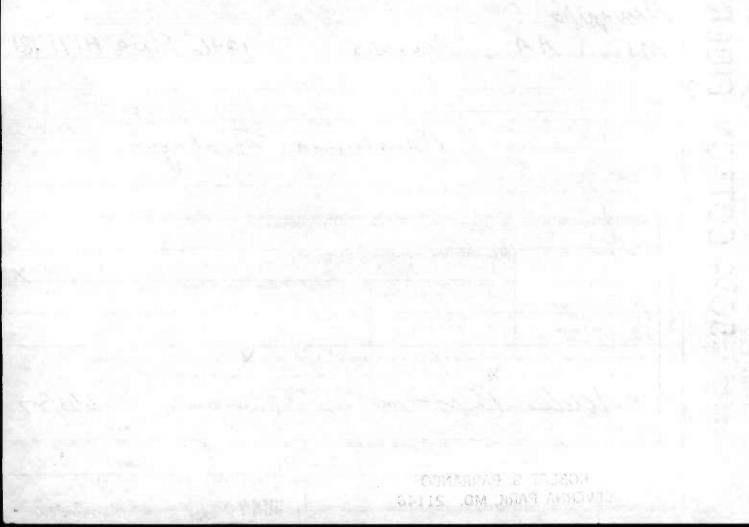
24 FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, MD

12 June 87

DHMH - 16 60M 7/84 (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 1. DECEASED NAME 20 DATE KNOWN P (TYPE OR PRINT) ESTI-DEATH MATED AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE 7d HOUR LAST BIRTHDAY) PRONOUNCED 20,1927 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED South KOREA ANNE BRUNDEL DIVORCED ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Kimbrough Army Hospital Ft. Meade Retired Bus.Own. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 2973 A Stewart Ft.Meade YES [] NOX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME unkown unkown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS no no \$ujin Carpenter same as 13e none 18 CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACUTE CORONANT INSUFFICIENCY DUE TO, OR AS A CONSEQUENCE OF ATHORO SCLENOTIC CARDIOVASCUAR DISGASC Conditions, if any, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. ATTING THE WORD "FEN ADED TO THE CHIEF M E.S. SHOULD BE USED A E. DEPARTMENT OF HEA OI PRIOR TO BURIAL. C. 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY | AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR; PAFEQ DEATH WITH THE STA 22a. I certify that I took charge of the remains described above, held on Autopsy death resulted from: Natural causes Accident TITLE (SPECIFY) RITCHIE HWY SUPE SEAGGO 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Md. 6/22/87 Cremation Balto.Wash.Crematory Laurel 07/84 7601 Sandy Spring Rd. 150. DATE REC'D. BY REGISTRAR 155 REGISTRAR'S SIGNATURE **DHMH - 17** Fleck Funeral Home, Inc. Laurel, Md. 20700 (VR A15 ME (5))

| MANA STATE OF STATE O | 103 | | |
|--|---------------------------------|---------------|-----------|
| | | | |
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| The second secon | | | 17.71 |
| | 28. 1965 | mechanic and | |
| The same was the same of the s | | 00. | |
| | ALC: | | |
| | 38.18 CASETA | | |
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| DENG A THE DOLL STORY | | STINNHOUS | |
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

| ; | REG. NO. | 1 5 | 5 / | 1 | 8 |
|---|--------------------------------|---------|--------|----------|--------|
| | 26. DATE OF DEATH MONTH | DAY | YÉAR | 26 HOU | R |
| | June 30, 1987 | | | 8: | 00, |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HR5 |
| | 71 YRS | MONTHS | DAYS | HOURS | MIN, |
| | 9 BALTIMORE CITY OR COUNT | Y OF DE | ATH | | |
| | Anna Anundal | | | | 445 |

| ~ REGISTRAR | | | | | REG. N | 0. | | |
|---|----------------------|---------------------------|----------|--|---------------------------------|-----------------------|--------------|-------------------------------------|
| I. DECEASED NAME FIRST | | MIDDLE | l. | Harding | June 30, | | AY YEAR | 26 HOUR 8:00 |
| | - | | | | | _ | | |
| 3. SEX | 4. RACE | | | F BIRTH | 6 AGE (IN YEARS LAST BIT | | FUNDER TYEAR | HOURS MIN |
| Male | White | | Aug | ust 22, 1975 | /1 | YRS | | |
| To. BIRTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? 8. | AARRIEI | NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| Maryland | U.S | Δ | IDOWE | | Anne Arur | ndel | | M |
| 10 CITY OR TOWN OF DEATH | | HOSPITAL, NURSING H | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | ION | | OF BUSINESS O |
| Brooklyn | | errace Ave. | | | Truck Driv | | Reti | |
| USUAL RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE ADM | AISSION) | | | - | 1 11001 | |
| MD 13a STATE 13b CO | 1. A. | Brooklyn | | 136 INSIDE CITY LIMITS? | 13e.STREET ADDRESS 590 Terra | | 2122 | 25 |
| 14 FATHER'S NAME | ١. ٨. | I DI OOK LYII | | 15 MOTHER'S MAIDEN NA | | ICE AVE | 144 | -0 |
| FIRST Camera C | MIDDLE | t la sa da sa a | | FIRST | MIDDLE | | LA. | |
| Samuel 160, WAS DECEASED EVER IN U.S., | A DAMED EODGESS | Harding | 110 | Mary 17 INFORMANT | Ellen | K 95 M - | | known |
| (YES, NO OR UNKNOWN) (IF YES, | GIVE WAR OR DATES) | | | | | Hen Ma | | |
| no | | 212-01-759 | 18 | Elsie E. Har | ding Glen | Burnie | | 21061 |
| 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | | line fair with and ic | | cardinac 6 | | | BETWEEN | KIMATE INTERVAL LONSET AND DEATH |
| | IATE CAUSE (a) | MAN | yu | alry a | nest | | | |
| CONTRACTOR | DUE TO, O | R AS A CONSEQUENCE | E OF | 0 | 0 1 | | | |
| Conditions, if any, which | ((b) (| huma | 0 | Homeline | Kulmon | any | | |
| gove rise to immediate couse (a), stating the | DUETO | D AS A CONSEQUENCE | E OE | | des | robe | | |
| underlying cause last. | 100010,0 | anu Lu | 92 | with Brain | n Metoust | eron. | | |
| PART 2. OTHER SIGNIFICAN | | | | | | IDITION GIVE | N IN PART 1 | 0 |
| | | | | | in the blockhoe on co. | | | |
| 19g DATE OF OPERATION | 19b. COND | ITION FOR WHICH OPE | ERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES. | WERE FINDI | NGS USED |
| IFIC I | 100 | | | | YES TI NOT | IN CERTIFY YES | | S OF DEATH? |
| 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 21b. TIME C | F INJURY | | 21c. HOW INJURY OCCUR | | | | NO [] |
| OR CONTRIBUTING CAUSE OF | 110110 4 | M. MONTH DAY | YEAR | The state of the s | (Elaica awione Or have | M. P. T. CHI I G P.M. | ar raki si | |
| O THE STARK NOTHER MEDICAL EXAMIN | | M. | 19 | AN LOCATION | | | | |
| 214 INJURY OCCURRED | 21e. PLACE | OF INJURY | | 211 LOCATION | CITY OF IC | NWN. | COUNTY | CTATE |

| 196. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION | WAS PERFORMED | 20a AUTO | OPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? | | |
|---|--|------------------------|---------------|----------------|--|----------|--|
| | | | YES 🗌 | NO | YES 🗌 | NO 🗌 | |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | 21c. HOW INJURY OCCUR | RED (ENTER N. | ATURE OF INJUR | RY IN ITEM 18 PART 1 OR PA | RT 2} | |
| 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | | CITY OR TO | wn coun | TY STATE | |

saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

22e ADDRESS

EENIVASAN 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION

CRTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR:

230 BURIAL, CRÉMATION, REMOVAL (SPECIFY) Burial 3 July 87

24 FUNERAL DIRECTOR

Glen Haven Mem.

Glen Burnie

MD

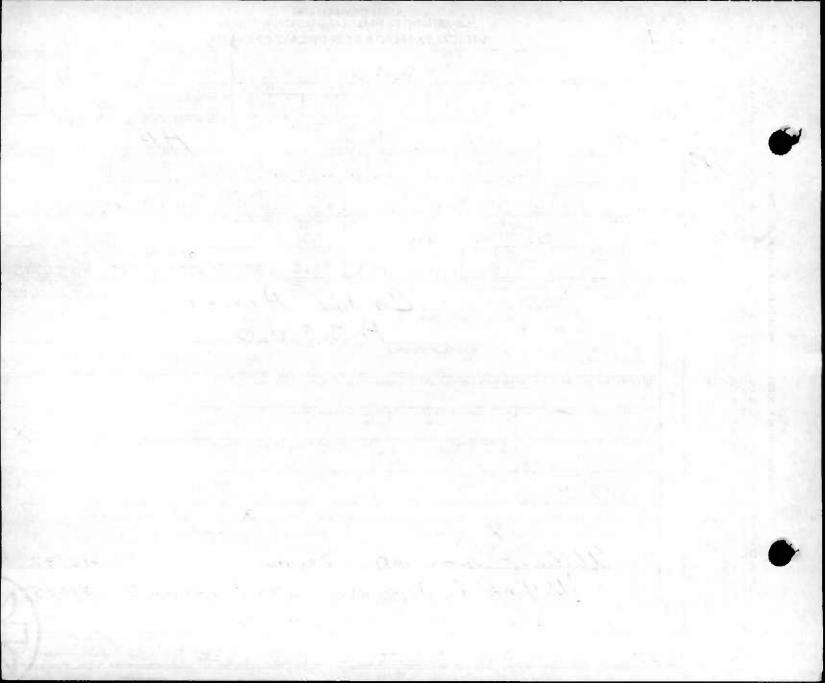
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE

James S. Kirkley, Glen Burnie, MD 21061

22a.1 certify that (1) (this hospital) attended the deceased from

| 58056 | U | FOR STATE REGISTRAR | | | | ARTMENT OF H | E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH | IYGIENE 8 / | NO. | 5 / | 7 9 |
|--|---------------|---|--|-----------------------------|--------------|------------------------|---|---|------------------|-------------------------|---------------|
| may be page 3 | (TYP | , , | ZEL | | B. | HAR | RRIED | 20 DATE OF DEATH | 6-26 | -87 | 517/PA |
| Page 4 mc director. p hours after | 3. SE | F | | RACE | 3 | S. DATE C | | 6 AGE (IN YEARS LAST B | YRS | UNDER I YEAR | HOURS MIN. |
| death. Po | 4.0 | RTHPLACE (STATE OR FO COUNTRY) RYLAND | reign 7 | U.S | | MARRIE | D NEVER MARRIED | 9 BALTIMORE CITY ANNE AR | 75 | | WD |
| offer the f | | NAPOLIS | н 1 | | | | L HOSPITAL | 12a. USUAL OCCUPA | | 12b. KIND O INDUSTRY | F BUSINESS OR |
| 24 hour | 13a. | AL RESIDENCE (IF NURSIN STATE 1 RYLAND | G HOME OR O 3b COUNT A A | Y | 13c. CITY OR | | 134. INSIDE CITY LIMITS | ? 13e.STREET ADDRESS | ZIP CODE olomons | Islan | 0776 d Rd. |
| ampletely one shin | 14. F. | ATHER'S NAME GEORGE | M | IDDIE | BROW | Ň | 15 MOTHER'S MAIDEN | MIE | 2 044 | TH OM A'S | ļī |
| n and camp | | VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO | | ED FORCES? WAR OR DATES) | | SECURITY NO. 0-0582 | BARBARA ASI | Severn, Addi | | | |
| NG PHYSICIAN. The law require their beath contribate be executed within 24 hours attending physician physician and completely filled in by the other has been speed by the other does physician and completely filled in by as the bursal transit permit. Then been, shown as the bursal transit permit. Then been, are contained as a long showly be filled in by and Merical Hygiene prior to bursal, cremation, at removal. The new letter 18 show any injury, or other traumatic event, the medical examples making or here it is not a state to other traumatic event. | ATION | Canditians, if any, gave rise to imme cause (a), stating underlying cause PART 2 OTHER SIGNI 19a. DATE OF OPERATION | ediate the last FICANT CO | DUE TO, O | R AS A CONS | | NOT RELATED TO THE TI | ERMINAL DISEASE OR COI | 20b. IF YES, V | WERE FINDIN | NGS USED |
| AN. The lo thysician ficate has framil per il Hygiene i 18 shows | CERTIFICATION | 210. ACCIDENT WAS UNDE | | 21b. TIME C HOUR A. | | DAY YEAR | 21c. HOW INJURY OCC | YES NO | YES | | NO [|
| uG PHYSICs otherding p ter this cert the bursic h and Meta | MEDICAL | (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK | D EXAMINER | P. 21e PLACE | | FFICE, FARM, ETC) | 211. LOCATION STREET | CITY OR I | OWN | COUNTY | STATE |
| HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR, A build be deteched for use in the Stote Dept of Heal ORETANT, if here 21 is many than the Stote Dept of Heal ORETANT. | | 220. I certify that (I) (1) saw the deceased above. (II) well did 17th SIGNATURE | this haspital alive an analysis alive an analysis and analysis analysis and analysis analysis and analysis analysis analysis and analysis analysis and analysis analy | PRINT) | | .19, a | DEGREE ATTENDING PHYSICIAN | , ta ian death accurred an the GALDIRECTOR PHYS | date and haur o | 22c DATE | SIGNED 17/87 |
| 0 ₹ 2 ₹ 1 3 € | | BURIAL, CREMATION, RI (SPECIFY) TRIAL | | 236 DATE 7-1-1 | | PINELAV | EMETERY OR CREMATOR | CITY OR TOWN | | COUNTY | STATE |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | UNERAL DIRECTOR | | polis, | | 401 | 25a | Annapol ONTE REC'D. BY REGISTRA | | | Para |

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ar other traumotic event, the

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morked or Item

MPORTANT: If Item 21 is

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may

STATE OF MARYLAND

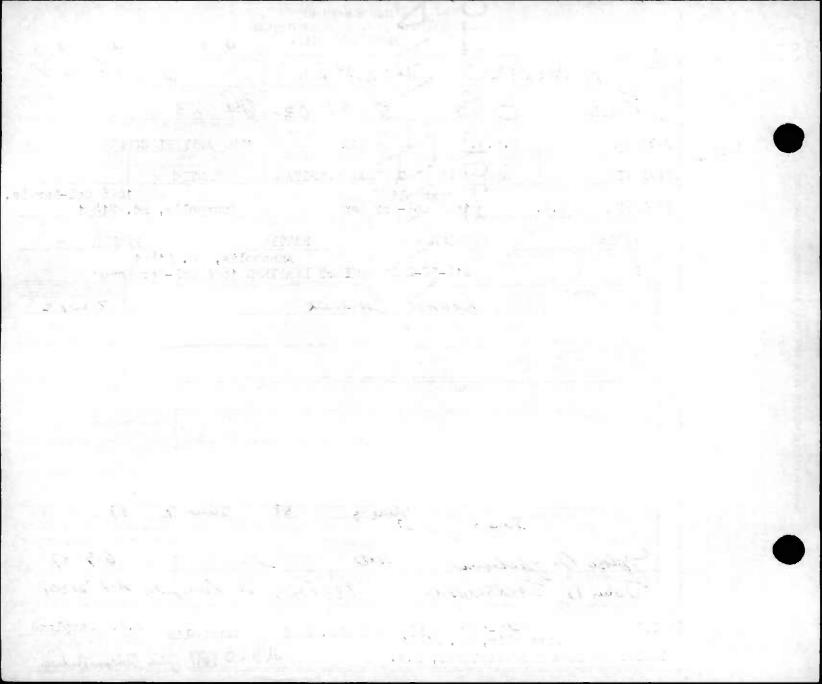
| 1 | FOR | | | DEPART | MENT OF H | EALTH AND MENTAL HYG | IENE | | | | |
|---------------|--|---------------|------------------|--|-----------------|---------------------------------|-----------------------|------------------|-------------------|--------------|----------|
| | STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | 8 % | NO I | 5 / | 8 | |
| 1. DE | CEASED NAME | FIRST | A | VIDOFE | / L | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 2b. HOL | LR s |
| | OR PRINT) | Ne | Rta | | Han | ukins | | 6-9 | 1-87 | 3 | M |
| 3. SE | X | | , RACE | | 5. DATE C | | 6. AGE (INLYEARS LAST | BIRTHOAY) | MONTHS DAYS | | |
| | EMALE | | | ACK | MONTH | - 31-03 | 8 | 3 YRS. | | HOURS | MIN. |
| | RTHPLACE (STATE OR FI | OREIGN 7 | b. CITIZEN OF | WHAT COUNTRY | ? 8. MARRIEI | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | | |
| MAI | RYLAND | | U.S.A | | | DIXXX DIVORCED | ANNE ARU | NDEL C | OUNTY | | MD. |
| 40.C | ITY OR TOWN OF DEA | TH | | | | OR OTHER INSTITUTION | 12a USUAL OCCUP | | 12b. KIND (| | ESS OR. |
| -4 | NAPOLIS | | ANNE | | GENE | RAL HOSPITAL | TYPE OF WORK FOR MOS | IC . | | | |
| 13a. S | AL RESIDENCE (IF NURSI STATE ARYLAND | 13b COUN' | TY | GIVE RESIDENCE BEFO 13c. CITALD DE ROS 1606 Co | | 13d INSUE CITY LIMITS? | 13e.STREET ADDRES | S / ZIP COD | oe 1606 co | lol -Ma | ar La |
| _ | ATHER'S NAME | | | 1000 00 | 72. 2202. | IS. MOTHER'S MAIDEN NAM | | 110, 11 | u. ZIAC | 71 | |
| | WALTER | N | S | N OWDEN | S | FIRST HATTI | MIDDLE | | PARKER | AST | |
| | WAS DECEASED EVER | | | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT Anna | apolis, Ma | RES 140 |)1 | | |
| (| YES, NOORUNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 212-32- | -2623 | ROBERT BERRY | MAN 1606 C | ol-Mar | Lane | | |
| | 18. CAUSE OF DEATH | H (Enter onl | y one couse per | line for (o), (b), o | nd (c+,) | | | | APPRO) | XIMATE INTER | RVAL |
| | PART I. DEATH W | IMMEDIATE | | BREAS | T C | ANCER | | | 12 | wK | 2 |
| | | Warie o Will | | | | MOVED V | | | | | |
| | Conditions, if ony, | and the late | 1 | R AS A CONSEQU | JENCE OF | | | | | | |
| | gove rise to imm | nediate | (p)_ | | | - | | _ | | | |
| | couse (o), stating underlying cause | | DUE TO, OF | R AS A CONSEQU | JENCE OF | | | | | | |
| | onderlying eduse | 1037. | (c) | | | | | | | | |
| _ | PART 2 OTHER SIGN | VIFICANT C | ONDITIONS CO | NTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | NDITION GI | VEN IN PART 1 | 10 | |
| CERTIFICATION | | | | | | | | | | | |
| AT | 19a DATE OF OPERAT | ION | 19b. CONDI | TION FOR WHICH | H OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | S, WERE FIND | | |
| F | | | | | | | YES TI NOT | | IFYING CAUSES | NO T | |
| ER | 71a. ACCIDENT WAS UND | ERLYING | 21b. TIME O | F INJURY | _ | 21c HOW INJURY OCCURE | | | | 110 | |
| | OR CONTRIBUTING | | 110.10 | | DAY YEAR | | (Elifer Marione Or II | 3011111111111111 | 7411 (041 441 2) | | |
| S | (IF EITHER, NOTIFY MEDIC | | P./ | | 19 | | | | | | |
| MEDICAL | 21d. INJURY OCCURR | | 21e. PLACE (| OF INJURY EET, FACTORY, OFFICE, | FARM. ETC 1 | 211 LOCATION STREET | CITY OF | IOWN | COUNTY | 5 | STATE |
| ~ | AT WORK AT WOR | | | | | | | | | | |
| | 22a. I certify that (I) | (this hospite | ol) ottended the | e_deceosed from | June | 3 19 81 | to July | 9 | 198 | , that (I) (| we) lost |
| | sow the decease | | | 8 19 | 67 on | nd that in (my) (our) opinion o | deoth occurred on the | date and ha | our and from the | e couses str | oted |
| | obove, (I) (we) (d | lid) (did not | view the body | atter deoth. | 1 | DEGREE | | | 22c DATE | E SIGNED | |
| | John | 25 | Mely | w | w | ATTENDING | MEDICAL S' | TAFF SICIAN [| 6-9 | 1-87 | |
| | 23 PHYSICIAN'S NA | ME HING | TRINT) | | | 22e. ADDRESS | 3. 4 | 16.1 | | | |
| | Volu 1 | 7 2 | ACKSE | D.MUN | | 1833 FOREST | IK, Mu | apoly | Me | 2180 | 1 |
| | BURIAL, CREMATION, | REMOVAL | 23b. DATE | 23 c | NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | COUNTY | | STATE |
| BUF | TAL | | 6-13-1 | 987 F | THET.AL | N MEM PARK | | | | aryla | and |
| 24 E | INERAL DIRECTOR | Ann | | Ma 217 | .04 | Tag- DAT | Annapo | DEC IS | TDADIC CICALA | TUDE | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, P.A.

JUN 16 1987 Julia Science



n by the funeral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| / 1 5 / 25 | 40 |
|------------|----|
| REG. NO. | 6 |

| | | REGISTRAR | | - | | CERTIF | ICATE OF DEATH | 8 | REG. NO. | 5 | 1 | 8 | G. |
|---|---------------|--|--|-------------------------------|--|-----------|--|-------------------|--|--------------------------------------|---------------------------|--------------------|------------|
| 1 | I.DEC | 7.9 | FIRST | , | AIDDLE | H | AYES | 20. DATE OF | DEATH MO | DAY I | 87 | 26 HOU | 830 P M |
| | 3. SEX | | 4 | RACE | | S. DATE C | | 6. AGE (IN YE | ARS LAST BIRTHD | AY) IF U | INDER 1 YEAR | IF UNDER | 24 HRS |
| - | MA | LE | | BLACK | | 70 | | 69 | | YRS | THS DAYS | HOURS | MIN. |
| | Ja Bil | RTHPLACE (STATE OR FOR | REIGN 7b. | CITIZEN OF | WHAT COUNTRY | 8 | | - | RE CITY OR | COUNTY OF | DEATH | 1 | |
| 7 | | RYLAND | | U.S.A | | MARRIE | DIVORCED DIVORCED | | _ | EL CO | | | MD. |
| r | 1 | TY OR TOWN OF DEATH | 1 11 | | HOSPITAL, NURSII HEACILITY, GIVE STREE Hayes R | NG HOME C | OR OTHER INSTITUTION | | CCUPATION FOR MOST OF W | | 126. KIND C | OF BUSINE | - |
| 4 | - 1 | NAPOLIS | | | - | | | | | : | | | |
| ř | 13a. S MA | | B. COUNTY | | 134. CITY OR TOV ANN AP OL | | 13d. INSIDE CITY LIMITS? | 130 STREET A | DDRESS / Z Hayes | Road. | 2 | 14 | 1 |
| 2 | 14,FA | THER'S NAME GEORGE | MID | DIE | HAYES | | ITLIE | ME | WIDDLE | JOHNS | ON LAS | Τċ | |
| | | AS DECEASED EVER IN | U.S. ARME (IF YES, GIVE W | | 216-18- | | MARGIE HAYES | napolis 5 1407 | | | | | |
| | N | Conditions, if any, v gave rise to imme- cause (a), stating underlying cause PART 2. OTHER SIGNIF | diote the lost. | (b) DUE TO, OI | R AS A CONSEQUER AS A CONSEQUERAT AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS | IENCE OF | NOT RELATED TO THE TERM | INAL DISEASE | OR CONDIT | ION GIVEN | IN PART 1 | 0 | |
| | CERTIFICATION | 190 DATE OF OPERATION | ON | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTO | | 206. IF YES, W N CERTIFYIN YES | IG CAUSES | | H? |
| | MEDICAL CER | 21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURREI AT WORK NOT WHITE AT WORK NOT WHO SOW the deceosed above (1) (We) (did 22b. SIGN ATURE | USE OF DEATH LEXAMINER) D his hospitally already v | P.J. 21e. PLACE (AT HOME, STR | M. MONTH D M. OF INJURY EET, FACTORY, OFFICE. e deceosed from. | 4/1 | 211 LOCATION STREET 211 LOCATION STREET 19 8 7 nd that in (milliour) opinion of the company opinion opi | todeath occurred | city OR TOWN d on the date STAFF PHYSICIA | NITEM 18 PART | COUNTY 8 7, and from the | tho (1) couses sto | ve) lost |
| | 230. 8 BU | urial, cremation, re | | 236. DATE 6-16-1 | | | EMETERY OR CREMATORY BROADNECK CEME | 23d. LOCA | tion t. Mar | garet | S A.A | . Ma | rylar |

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physicial should be detached for use as the buriol-transit permit. Then please remove carbon poperate with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal. IMPORTANT: If Item 21 is marked or Item 18 shows edy injury, ar other troumatic event, 14

retained by the haspital ar attending physician.

BP.

FUNERAL DIRECTOR Annapolis, Md. 21401 WILLIAM REESE & SONS MORTURRY P.A. (VRA 15, 4)

FOR

JUN 1 6 1987 July Design 1987

Secretary No. The second will be a second of the second of A contract of the contract of

DHMH - 16 60M 7/84 (VRA 15, 4)

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| STATE OF MARYLAND |
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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| 9 | REG. NO. | | ~ |

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| DAY | YEAR | 12b. HOUR |

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he funeral withing 22 h Po tely filled in 2 should be t N 2 Poges per should be detoched with the Stote Dept. MPORTANT: #

1. DECEASED NAME 29. DATE OF DEATH MONTH (TYPE OR PRINT) MARTHA (McGinnis)HIBLINE 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Female White Feb. 22, 1922 65 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED LeGore, MD WIDOWED DIVORCED [] ANNE ARLINDEL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) GLEN BURNTE NORTH ARUNDEL HOSPITAL Retired 13a. STATE 13e STREET ADDRESS / ZIP CODE AA Glen Burnie 1599 Marley Avenue Maryland NOX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Fogle Luther Ina 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT 215-16-2912 Wanda Luedtke, 556 Upton Road, Severn, MD 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF in iscHEMIZ ENTEROCOLINS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 1SUMMIZ Bowel Diseas 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

PAUL M. ROSOFF 23a BURIAL, CREMATION, REMOVAL

776 SIGNATURE

June 22,87

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

DEGREE

22e. ADDRESS

ATTENDING

425 RITCHIE HIGHWAY, S.E. GLEN RIDNIE Baltimore

STAFF

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

AAOUNTY MD"

22c. DATE SIGNED

6-20-87

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Deviden Randale

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 20. DATE KNOWN 2b. HOUR OF ESTI-198 DEATH MATED 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE 2d HOUR DAY LAST BIRTHDAY PRONOUNCED 1.8 June 30, 1933 53 DEAD Male White 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY ARUND Washington D.C. United States WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Printing Annapolis Anne Arundel General Hospital Pressman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 858 Wilson Rd. / 21012 13a STATE 136 COUNTY 13c. CITY OR TOWN Arnold Md. A.A. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Hobbs Dulong M. Alfred Κ. Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-48-1186 Mrs. Nancy Hobbs (Same as 13) Korean War Yes 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY COMONARY INSUFFICIENCY DUE TO, OR AS A CONSEQUENCE OF O SCIENTIC CANDIOVASCUM DISGASS Canditians, if ony, which gove rise to immediate W 100 cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC FOR ENGINE TO THE CHIEF MEDICAL FOR THE POEATH, WITH THE STATE DEPARTMENT OF HEATH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREM 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO . 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION LAT HOME. AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22s. I certify that I took charge at the remains described above, held on Inspection Autopsy and in my apinian death resulted fram: Natural couses Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAM TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Co. Md. 6-22-1987 Westview Crematory Cremation Vestview Balt. 07/84 BP 25M 24 FUNERAL DIRECTOR ROBERT S. BARRANCO 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 17 (VR A15 ME (5))

SEVERNA PARK MD

THE PARTY NAMED AND ADDRESS OF and off with the THE

COMPANIAR & TROSOR SEVER PARK IN STAGE director, page 3 hours ofter death

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| 1- | FOR STATE REGISTRAR | | | DEPARTM | ENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | 8 / | | 5 / | 8 6 | | |
|-----------------------------|--|------------------------------|-------------------------------------|--|--|---|--|-------------------------------|------------------------------|------------------|--|--|
| LDECEASED NAME FIRST MIDDLE | | | | MIODI E | 11075311 | AST | 20. DATE OF DEA | EG. NO. | AY YEAR 7 | - tiousi | | |
| (TYPE OR PRINT) | | | | 11 | OCICENSMITH | 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 1 | | | | | | |
| 3. SEX | (| 4. | RACE | | 5. DATE C | | 6 AGE (IN YEARS L | | | F UNDER 24 HRS | | |
| F | emale | | White | | | | 82 yrs. | | | | | |
| | RTHPLACE (STATE OR | OREIGN 7 | CITIZEN OF | WHAT COUNTRY? | 8. | | ITY OR COUNTY | OF DEATH | | | | |
| | . Virginia | T | Inited : | States | WIDOWE | D NEVER MARRIED | 1-201 | Arrino | 00 | MD. | | |
| | TY OR TOWN OF DEA | | 1. NAME OF H | IOSPITAL, NURSIN | 3 HOME C | OR OTHER INSTITUTION | UPATION | 12b. KIND OF | | | | |
| 1 | ana palis | | (IF NOT IN SUC | HACILITY, GIVE STREET | / | A Hoonita | (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | | |
| USU/ | AL RESIDENCE (IF NURS | ING HOME OR O | THER INSTITUTION. | GIVE RESIDENCE BEFORE | | W. Hospita | L Homem | aker | Home | | | |
| 13a. S | TATE | 13b. COUNT | Υ | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? | | | | 13e.STREET ADDRESS / ZIP CODE | | | | |
| | d. | A.A. | Arnold | | YES NO X | | roft Ct./ | 21012 | | | | |
| | FIRST | MI | IDDLE LAST | | | FIRST | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE | | | LAST | | |
| | arris | | Furrow | | | Virginia | | | Sarver | | | |
| 6a. W | VAS DECEASED EVER | | ED FORCES? 166. SOCIAL SECURITY NO. | | 17. INFORMANT ADDRESS | | | | | | | |
| NO OR UNKNOWN) (IF YES, GI | | (| | | Mrs. Betty J | . Ellerby | as 13) | | | | | |
| 177 | Conditions, if any, gave rise to improve couse (a), station underlying couse | nediate g the | DUE TO, OF | R AS A CONSEQUE | SCVD | | | | | | | |
| CERTIFICATION | PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTR</u> | | | | RIBUTING TO DEATH BUT NOT RELATED TO THE TERMI | | | ? 20b. IF YES, | WERE FINDING ING CAUSES O | | | |
| MEDICAL CERT | 21a. ACCIDENT WAS UND OR CONTRIBUTING (FEITHER, NOTIFY MEDI 21d. INJURY OCCURE | CAUSE OF DEATH | P./ 21e. PLACE (| M. MONTH DA M. | Y YEAR 19 | 21c HOW INJURY OCCURR 21I LOCATION STREET | ED (ENTER NATURE C | | | STATE | | |
| 2 | 22a.1 certify that (I) | RK | - | and coosed from | KM, ETC.) | 19.84 | 10_9 | Vere 11 | , 87 , the | ot (l) (we) lost | | |
| | sow the decesse obove, (I) (we) (s 77h SIGNATURE | ed alive on_ id)(did not) | view the body | of yer death. 198 | | DEGREE ATTENDING PHYSICIAN | MEDICAL _ | STAFF | 22 DATE SI | | | |
| 23a B | THE PHYSICIAN SAN | Don | 13 | Low | AME OF C | 22e. ADDRESS 77 West str | eet, Ann | - | id 2140 | 1 | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIREROBERT S. BARRANCOAGORESS MADY

6-10-1987

Moreland Memorial

BALTO Park

STATE

COUNTY

Come State of the Committee of the Commi

| | | | | STATE OF MARYLAND | | | | | | | | |
|-----|---------------------------|--|---|-------------------|-----------------|--|---------------------------------------|--|-------------|------------------------------------|--|--|
| 114 | 1. | FOR STATE REGISTRAR | CERTIFICATE OF DEATH 8 15 / 8 EDT | | | | | | | | | |
| 1 | | CEASED NAME FIRST | | MIDDLE LAST | | | | MONTH | DAY YEAR | 26 HOUR | | |
| , | | THOMAS | LE | LEALAND HOFFMAN | | | | 2 | 2,1987 | 1251 PM | | |
| | Male Male | | 4. RACE Whi | te | Dec. | OF BIRTH 10, DAY 1940 EAR | 6 AGE (IN YEARS LAST | BIRTHDAY) 46 YRS. | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | | |
| 7 | | RTHPLACE (STATE OR FOREIGN COUNTRY) New York | 76 CITIZEN OF | WHAT COUNTRY | MARRIE WIDOW | ED NEVER MARRIED DIVORCED X | 9 BALTIMORE CITY | TY MD. | | | | |
| 4 | | GLEN BURNIE | NOR. | TH ARUND | EL HOS | OR OTHER INSTITUTION | | 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) StoreKeeper 12b. KIND OF BUSINESS OR INDUSTRY A A Co. | | | | |
| 5 | 130. 5 | AL RESIDENCE (IF NURSING HOME STATE 136 CO ryland A | OR OTHER INSTITUTION UNITY | 13c. CITY OR TO | WN | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRES 206 Wood | s / zip codi hill Di | Apt. A | 21061 | | |
| 17 | 14 FA | ATHER'S NAME | MIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | | | | | | |
| 0 | 7 | Jacob | C. | Hoffma | an | Mary | E. | | Per | dew | | |
| 1 | | | ARMED FORCES? GIVE WAR OR DATES) CT Nam | 156.30 | | 17. INFORMANT (Sisteman Audrey M. Mil | | | | 1 Drive Md. 21061 | | |
| | CERTIFICATION | PART I. DEATH HEATER ONly one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), starting the underlying couse last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Underlying couse last DUE TO, OR AS A CONSEQUENCE OF Underlying couse last DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? INCERTIFYING | | | | | | | | IGS USED | | |
| 1 | CAL CERT | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A. | M. MONTH | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF IN | | | 140 | | |
| | MEDIC | (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE CONTROL OF THE CONTRO | 21e. PLACE | | , FARM, ETC.) | 211 LOCATION STREET | CITY OR | TOWN | COUNTY | STATE | | |
| | sow the deceased alive an | | | | | | | | | hot (I) (we) lost couses stated | | |
| / | | 226 SIGNATURE 220 PHYSICIAN'S NAME (TYP | Cloui EOR PRINT) | | W | DEGREE ATTENDING PHYSICIAN [1] 22e ADDRESS 7 | MEDICAL ST DIRECTOR PHYS | | 22c DATES | IGNED | | |
| / | 1000 | SZEPEREY C | LSCHNITHI | ETNINOD. | | | RNIE, MARY | | | | | |
| | (| URIAL, CREMATION, REMOVA SPECIFY) Burial | | 23c. | NAME OF C | emetery or crematory and Vet. Cemete | 23d LOCATION CITY OR TOWN ETY Crowns | ville | A A Co. | STATE Md. | | |
| 4 | | ngleton Funera | al Home | Glen Bur | nie, l | 1.4 | N 25 1087 | Julia | Donder - | Ruduell | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item-48 shaws any injury, or ather traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the buriol-tronsit permit. Then phase remove carbon poper with the State Dept. of Health and Mental Hygiene prior to by aid, certaintion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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WORTH ARRIVED HOSPITAL

GLEW CHARTERIFICATION TO CHARTE CONTROL OF C

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STATE OF MARYLAND

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750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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| DAR | 0.0 | | | | | STATE | OF MARYLAND | | | | |
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| 0.00 | 77 1 | 70 | 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE | | | | | | | | - |
| | | ' ' | REGISTRAR | | | CERTIF | ICATE OF DEATH | 8 KEG. NO. | 1 5 | 1 | 8 9 |
| | 18/2013 | | CEASED NAME FIRST | | WIGDIE | 17 | au , | 20. DATE OF DEATH MO | DAY DAY | YEAR | 2b. HOUR |
| å | , page 3 ter death | (1172 | INE | 2n | М. | Ho | RTON | 00 | le 30 9 | 87 | 100/1 M |
| may | po . | 3. SEX | - | 4. RACE | 2 . | 5. DATE O | F BIRTH 1898 | 6. AGE (IN YEARS LAST BIRTHD | AY) IF UNDER | | IF UNDER 24 HRS |
| 4 | rs af | | emale | Cauo | slan | D9 | -13 7 2 X | 88 | YRS. | DAYS | HOURS MIN, |
| 0 | P Co Po | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTR | Y? 8. | | 9 BALTIMORE CITY OR | | ATH | |
| death. | 1 72 n | | orth Carolina | | USA | WIDOWE | NEVER MARRIED | Anne Arun | del Coun | 1.37 | MD. |
| | e ton | | TY OR TOWN OF DEATH | | 11. NAME OF HOSPITAL, NURSING | | | 12a USUAL OCCUPATION | | 126. KIND OF BUSINESS OR | |
| Sp. | - B | Δ | napolis | (IF NOT IN SUCH FACILITY, GIVE STREET Anne Arundel Ge | | | Hospital | Home maker | | ustry Iwn H | Tome |
| 100 | be # | ₩5UA | L RESIDENCE (IF NURSING HOME | OR OTHER INSTITUTION | N, GIVE RESIDENCE BEF | ORE ADMISSION) | | . I'm men and the late of | | AA 7 11 | TOUTC |
| 24 h | old to | 13a. S | | e Arunde | 13c CITY OR TO | NWC | 13d. INSIDE CITY LIMITS? | 3060 Tudor | | 2 3 | 21140 |
| | s short | - | THER'S NAME | | TIT ACT | | 15. MOTHER'S MAIDEN NA | | Hall Noa | ,u 2 | LLLTO |
| At w | | | Jacob Ca | rson | Mast | | Nora | WIGDTE | Ph | illi | ine |
| executed | | | AS DECEASED EVER IN U.S. | | 166. SOCIAL SE | CURITY NO. | 17 INFORMANT | ADDRESS | | | - |
| | Poges 1 | (1 | ES, NO OR UNKNOWN) (IF YES, | GIVE WAR OR DATES | 578-46- | -60118 | Frederick M. | Horton Riv | O Tudor a, Maryl | Hall | L Road 21140 |
| ۵ | 5 e | | | | 7 | 1 | Trederick M. | 1101 0011 11114 | | | NATE INTERVAL NSET AND GEATH |
| certificate | pap pap novo ent, | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | SED BY: | D 101, (6), | TO No. | + HADINIAN | Duitio | 386 | TWEENON | SET AND DEATH |
| Cert | - C 0 0 | | IMMED | ATE CAUSE (o) | Juca | W// W | - IVUVIMO | MATE | | · | my D |
| death | e carbo | | Cdivisor of the state | , | DRAS A CONSEC | TUENCE OF | has Adi | alito m | 11 | 140 | 110,12 |
| e de | e atter mave c natian, traum | | Conditions, if any, which gove rise to immediate | (b)_(| VINCUN | | willias as | words 111 | | | Luig |
| that th | d by the after ease remave a ol, cremation, or ather traum | | couse (a), stating the underlying couse last. | DUE TO: | SPAS A CONSEC | THENCE OF | Han the | D. D. | 2 | · Che | Pain |
| 4 : | plea rial, | | DADI 2 OTHER CICALEGAN | (c) | <u> </u> | MI IV | - Tuanja | 4 Wa | | 7 | .~0) |
| 1 | Then to bu | Z | PART 2 OTHER SIGNIFICAN | L'A DITIONS C | ONTRIBUTIONS ! | O DEATH BUT | NOT RELATED TO THE TERM | IINAL DISEASE OR CONDII | ION GIVEN IN P | ARIZIO | |
| 1.50 | e - 0 | ATIO | 190 DATE OF OPERATION | 19h CONI | DITION FOR WHI | CH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? 2 | Ob. IF YES, WERE | FINDING | GS USED |
| 3.27 | C s perm | CERTIFICATION | | | | | | | N CERTIFYING C | | |
| # Sic | ronsit per Hygiene | ERT | 21a. ACCIDENT WAS UNDERLYING | 21b. TIME | OF INJURY | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY II | | ART 2) | NO [] |
| PHYSICIAN: T ending physic | certificate rrial-transi ental Hygi frem 18 sh | | OR CONTRIBUTING CAUSE OF | EATH | A.M. MONTH | | | , | | | |
| YSIG | S 0 X = | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED | | P.M. OF INJURY | 19 | 211 LOCATION | | | | |
| G PH | the and and edge | AE AE | WHILE NOT WHILE | | TREET, FACTORY, OFFIC | E, FARM, ETC) | STREET | CITY OR TOWN | COU | NTY | STATE |
| Z o | R: After the use as the lealth and smorked | | 27a Lastify that III Ithe ha | mini maddada | he deceased from | - 10 | 86 10 | · Vosen | 10 | 41- | hat (I) f wel last |
| 12 TEN | for us of He 21 is i | | say the deceased alive | 6/3 | 10/8/10 | | d that in (my) (our) opinion | , 10 | and hour and fro | | |
| ATA | 2 - E | | Distriction (did) (did) | Rot view the bod | y after death. | | DEGREE | | | Date 5 | |
| | . = 0 | | Xe lo lala | ha | - (M | 0 | ATTENDING L | MEDICAL STAFF | _ / / | 12 | 100 |
| PITA by | VERAL be deto e State TANT: I | | 22% PHYSICIAN'S NAME (TY | E OR PRINTI | w VV | 1 | PHYSICIAN 1 | DIRECTOR PHYSICIAL | NU II | YEA | 10/ |
| HOSE | S FUNERAL rauld be det rith the State | | | | | | 1822 Fr. 19 | 1 1 | a hi | 2111 | |
| TO P | 5 4 3 A | 22- 0 | PETER F. VERM | OU W | 100 | NAME OF C | 1000 BIEST | x, muo po | in Ind | 214 | 01 |

Y-OR CREMATORY 23d LOCATION CHY OR TOWN
Thurch Cem. Davidsonville, Anne Area
25d. Date REC'D. By REGISTRAR 25b. RECOMMENTAL URE

DHMH - 16 60M 7/84

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

(VRA 15, 4)

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ly filled in by the funeral director, page 3 should be fijed within 72 hours ofter death

executed within 24 hours ofter death. Page 4 may be

deoth certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

| 8 7 _{REG. NO.} | 1 | 5 | 7 | 91 |
|-------------------------|-----|-----|------|--------|
| DATE OF DEATH MO | HTM | DAY | YEAR | 2b. HO |

| | 1 | REGISTRAR | | | | CERTIF | ICATE OF DEA | TH | 8 7 REG. N. | | 5 / | 7 E | 7 |
|---|-----------------|---------------------------------------|--------------|--------------------------------|-------------------------|------------|---------------------|-----------------|---------------------------|-------------------|---------------|-------------|----------|
| | | CEASED NAME | FIRST | - | AIDDLE | (| AST | | | | AY YEAR | 26. HOUR | R |
| | TITPE | OR PRINT) MARG | ARET | EMM | A | HOUC | K | | JUNE | 19, | 1987 | 5.15 | 5 AM |
| | 3. SE) | | | 4 RACE | | 5. DATE C | | | 6. AGE (IN YEARS LAST BIR | THDAY) | FUNDER TYEAR | IF UNDER 2 | 24 HR5 |
| | | Female | | White | > | Apr | | 921 | 66 | YRS. | DNIHS DAYS | HOURS | MIN. |
| 1 | | RTHPLACE (STATE OR S | OREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MAR | | 9. BALTIMORE CITY O | R COUNTY | OF DEATH | T. | |
| - | | Md. | | U.S. | .A. | WIDOWE | | CED [| ANNE A | RUNDEL | COUNT | Y | MD. |
| 1 | 10. CI | TY OR TOWN OF DEA | TH | | HOSPITAL, NURSIN | | OR OTHER INSTITUT | ТЮИ | 120. USUAL OCCUPATI | | 12b. KIND O | F BUSINES | SSOR |
| Ħ | | GLEN BURN | | NORTI | H ARUNDEL | HOSP | PITAL | | Clerk, reti | | | . Sto | re |
| - | USU A 13a. S | AL RESIDENCE (IF NURS | 13b. COUN | | 13c. CITY OR TOW | | 113d INSIDE CITY L | LIMITS? | 13e.STREET ADDRESS | ZIP CODE | | | |
| 1 | | Md. | Anne | Arunde] | Pasaden | a | | | 1984 Popla | r Ridg | e Rd. | 21122 | 2 |
| | 14 FA | THER'S NAME FIRST | | MIDDLE | LAST | | 15. MOTHER'S MA | | MIDDLE | | LAS | it . | |
| | | George | | | Deems | | Bert | tha | - 27 | - 24 | Fishe | | - 12 |
| | | VAS DECEASED EVER | | MED FORCES? E WAR OR DATES) | 16b. SOCIAL SECU | | 17 INFORMANT | 31 | ADDRE | | ersbur | - | , |
| | | NO | | | 219-07-3 | 961 | Mrs. Joa | anne M | lills,5905 | Dale 1 | | 784 | |
| | | 18 CAUSE OF DEAT PART I. DEATH W | H (Enter or | ly one cause per | line for (o), (b), an | d (c).) | - | | | | BETWEEN | MATE INTERV | DEATH |
| | | TAKE DEATH | | E CAUSE (0) | cterine | Canc | er will |) | ndeabdon | inel | | | |
| 4 | | | | DUE TO, OI | R AS A CONSEQUE | ENCE OF | | | Carcinon | esor. | - | | |
| | eli | Conditions, if ony, gove rise to imm | which | (b)_ | | | | _ | | | 1 | | |
| | 4.1 | couse (o), statin underlying cause | g the | DUE TO, OI | R AS A CONSEQUE | ENCE OF | | | | | | | |
| | | | | ((c) | | | | | | | | | _ |
| | Z | PART 2 OTHER SIGN | NIFICANT (| CONDITIONS <u>CC</u> | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO | THE TERMIN | NAL DISEASE OR CON | DITION GIVE | N IN PART 110 | ٠. | |
| | CERTIFICATION | 19a, DATE OF OPERA | TION | 19b. CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORME | D | 20a AUTOPSY? | 20b. IF YES, | WERE FINDIN | NGS USED | |
| 7 | IFIC | | | | | | | | YES NOT | IN CERTIFY YES | ING CAUSES | OF DEATH | 1? |
| Н | ERT | 21a. ACCIDENT WAS UNE | DERLYING T | 216. TIME O | FINJURY | | 21c. HOW INJUR | Y OCCURRE | D (ENTER NATURE OF INJU | | | 140 | |
| 2 | | OR CONTRIBUTING | | | M. MONTH DA | | | | | | | | |
| | MEDICAL | (IF EITHER NOTIFY MEDIN | | 21e. PLACE | | 19 | 211 LOCATION | _ | | - | | | |
| | WE | WHILE NOT WH | HILE | (AT HOME, STR | EET, FACTORY, OFFICE, F | ARM, ETC) | STREET | | CITY OR TO | WN | COUNTY | ST | ATE |
| | | 22a certify that (I) | | tol) ottended the | e deceased from | | me (6, | 87 | 10 | 219, | o Py | that (T) (w | (e) lost |
| | | sow the deceose | ed olue on | -51 | ~ 1819 d | Pn , 01 | nd that in the lour |) opinion de | eoth occurred on the de | ote and hour | | - | , |
| | | obove, (Nwe) (c 22b. SIGNATURE | old) kala na |) view the body | offer deoth. | 1 | DEGREE | | | - | 22c DATE | SIGNED | |
| | | | 0 | | ~ | 1 | ATTE | NDING SICIAN | MEDICAL STAL | FF IAN [| time | 191 | 1984 |
| | | 22d. PHYSICIAN'S NA | AME (TYPE C | R PRINT) | 0 | | 22e ADDRESS | | 45 OAKWOOD | | SHITE | 204 | |
| ì | | CHARLE | S.J. | WU. M.D | | | GLE | | VIE. MARYLA | | | 204 | (|
| | 23a. B | SURIAL, CREMATION, | | | 23€. ↑ | NAME OF C | EMETERY OR CREA | | 23d. LOCATION | 1417, 61 | W | | |
| | (| Burial | | 6-22-8 | 37 G | len H | aven Mem. | Park | Glen Burn | ie Ann | e Amin | | ATE ATE |
| | | JNERAL DIRECTOR | | | | | 21122 | | REC'D. BY REGISTRAR | 25b. REGISTR | AR'S SIGNAT | MRE | |
| | N | Ic Cully F | .н. 3 | 204 Mour | tain Rd. | Pasad | ena, Md. | JUN | 25 1987 | Gulla D | cordern-k | andah | |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the FOR

THE TOTAL STREET, STRE CLEN PERSON DESCRIPTION LEGISLATION TO THE PROPERTY OF THE PRO Set 15 - Market Service - Market - All Commence - All Set Market - Market - Market - Market - Market - All 1988 The second of th COLUMN DESCRIPTION DE L'ANGENCE DE L'ANGEL D TUNKLES J. NO. 1. E. the favores of the first of the seal was a post of the first of the contract of

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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126. KIND OF BUSINESS OR INDUSTRY

336

IF UNDER 24 HRS

| 10-7 STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 7 _{EG. NO.} | 5 7 |
|---|-----------------------------|--|--------------------------------|--------------------|
| 1. DECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 2 |
| (TYPE OR PRINT) MYRTLE | IRENE | HUBBARD | JUNE 0 | 1, 1987 |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF |
| FEMALE | WHITE | 04 26 1888 | 99 YRS | MONTHS DAYS H |
| To. BIRTHPLACE (STATE OF FOREIGN | 7b. CITIZEN OF WHAT COUNTRY | ? 8. | 9. BALTIMORE CITY OR COUNT | Y OF DEATH |
| MARYLAND | USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | ANNE ARUND | EL COUNTY |
| 10. CITY OR TOWN OF DEATH | | ING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION | 12b. KIND OF B |
| GLEN BURNIE | NOR THE ARUNDE | L HOSPITAL | HOMEMAKER | LIFE) INDUSTRY |
| USUAL RESIDENCE (IF NURSING HOM 13a. STATE | | | 113e STREET ADDRESS / ZIP COE | DE . |
| MD ANN | | | 406 Cleveland | |
| 14 FATHER'S NAME | | 15. MOTHER'S MAIDEN N | AME | |

| | MD ANNE | ARUNDEI | LINTHICUM | 13d. INSIDE CITY LIMITS? | | oress / ZIP CODE eveland R | d., 21 | .090 |
|--------------|--|------------------------------|--|---|------------|----------------------------|------------------|-----------------------------------|
| 1 | ATHER'S NAME FIRST NOAH HAMI | LTON | PUTMAN | IDA | | | STAUF | |
| | WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE NO N/A | NED FORCES? WAR OR DATES) | 166 SOCIAL SECURITY NO. 220-46-2787 | 7 INFORMANT Charles Hu | bbard 10 | ADDRESS Thur 625 Old F | | |
| | 18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE | | CONGESTIN | VE HEAT | RT FA | ILURE | APPRO 8ETWEEN | NONSET AND DEATH |
| | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C | (b) | OR AS A CONSEQUENCE OF ANTERIOR OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT | | | | | |
| IFICATION | 190 DATE OF OPERATION | 195. CONE | DITION FOR WHICH OPERATIO | n was performed | 20a AUTOPS | IN CERTIFY | | OINGS USED ES OF DEATH? |
| CAL CERTIFIC | 2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | HOUR A | DF INJURY M. MONTH DAY YEAR M. 19 | AR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | | | | |
| MEDIC | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY FREET, FACTORY, OFFICE FARM, ETC.) | 21f LOCATION STREET | c | ITY OR TOWN | COUNTY | STATE |
| | 220.1 certify that (1) (this hospit sow the decease drive on obove (1) we) (did) (did not 22b SIGNATIJE | JUNE | y ofter death. | nd that in my (our) opini | • | | and from th | that (we) los se couses stated |

TO FUNERAL DIRECTOR should be detoched for with the Stote Dept. of I BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

the buriol-tronsit perm ond Mentol Hygiene pr

MPORTANT: If Item 21 is

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 23b. DATE

FOR

23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY

22e ADDRESS

23d. LOCATION WOODSBORO FREDERICK

MEDICAL STAFF DIRECTOR PHYSICIAN

MD STATE

24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER 1621 Opossumtown Pike, Frederick, MD 21701

6/5/87

25a. DATE REC'D.

I BANDING STRINGHT DUTGERIOD ANTE-LOR MYCEARDINE INFARCTION I MEEK TO PART OF THE PART OF Comment of M.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

| | 1- | FOR STATE REGISTRAR | | DEPARTA | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE 8 7 _{REG, NO} | . 1 5 | 1 | 9 2 |
|------|--|--|--|--|-----------------|--|---|---|------------|--------------------------------------|
| 1 -1 | | CEASED NAME OR PRINT) | SERTHA 1. RACE | E. | 5. DATE C | DAM MEAN | 20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR) | MONTH DAY 6-3-6 THDAY) IF UN MONTE | P T I YEAR | 2b HOUR 3-3C M IF UNDER 24 HRS |
| V | | RTHPLACE (STATE OR FO | DREIGN 76. CITIZEN O | WHAT COUNTRY? | | NEVER MARRIED | 9 BALTIMORE CITY O | YRS. | DEATH | 6 |
| Sel | 10. CI | TY OR TOWN OF DEA | TH 11. NAME OF | HOSPITAL, NURSIN | ADDRESS) | OR OTHER INSTITUTION | HOUSEWIFE | ON II | | F BUSINESS OR |
| 5 | MAR | YLAND | NG HOME OR OTHER INSTITUTION 136 COUNTY | N, GIVE RESIDENCE BEFORE 13c CITY OR TOW ANNAP (| N | 13d. INSIDE CITY LIMITS? YES NO | 701 Glenwo | | 21 | 481 |
| V | H4 FA | THER'S NAME BENNY | WIDDIE | BROWN LAST | | ELEANOR | WIDDIE | TITUS | (ASI | |
| / | | VAS DECEASED EVER I | N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 166 SOCIAL SECU | RITY NO. | 17. INFORMANT AN CARRIE SCOGGI | napolis, ADM NS 192 Clay | 55 21401 Street | | |
| | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TOUTO WHO CAUSE OF HOLD HOMOTHAGE DUE TO, OR AS A CONSEQUENCE OF HYPETIELS CON Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | | Jec Yec | wate interval South |
| 9 | CERTIFICATION | 19a DATE OF OPERAT | 19b. CON | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY2 YES NO | 20b. IF YES, WE IN CERTIFYING YES | | |
| 7 | MEDICAL CER | saw the decease pbyve_41) (we) (di 22h EIGNATURE | AUSE OF DEATH AL EXAMINER) ZILE. PLAC (AT HOME. S State Hospital) ovended d alive on (d) (did not) view the back | 10/ 19 | 19 ARM, E/C) | 211. LOCATION SIREET 211 LOCATION SIREET Ad that in (my) (pur) opinion of the physician (physician (physicia | to Nese | ate and haur and | couwiv | |
| 1 | 23a B | PETER SURIAL, CREMATION, F | T. VERKO | | NAME OF C | 1833 Tore EMETERY OR CREMATORY | St Dr. A | nuopli | i hi | d 21401 |

should be detached for use with the State Dept. of Heal

DHMH - 16 60M 7/B4

WILLTAM REESE & SONS MORTUARY, P.A. (VRA 15, 4)

PINELAWN MEM. PARK

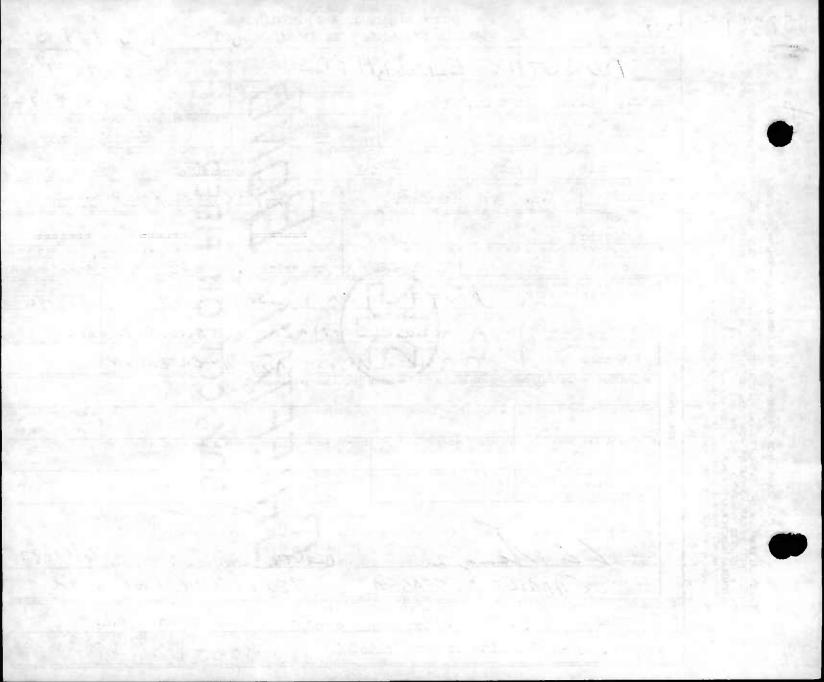
Annapolis

A.A. Maryland

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
JUN 5 1987

. At here was a body of the same of the sa THE CASE OF THE PROPERTY OF TH

| 0 5 7 | 0.1.1 | | FOR | | D | | | ARYLAND AND MENTAL H | YGIENE | | | | | |
|----------------------------|---|---------------|---|----------------|---------------------|---|-----------|------------------------------------|----------------|--|---------------|-------|--------------------------------|-----------------------|
| - 1 | Z 1 JUN | | STATE REGISTRAR | | MED | DICAL EXAMIN | IER'S | ERTIFICATE O | F DEATH | REG. | 10. 5 | 1 | 9 | 3 |
| | | | CEASED NAME FIRE | ST | 11() | MIDDLE | 111 | yst C | | ATE KNOWN | MONTH | DAY | YEAR | 26 HOUR |
| | ASE OR. URS. EET, | | DOR | 011 | 47 | ELIZAbeti | 1 | 06 | DE | EATH MATED [| 04 | | 19 81 | M |
| 10 | CESSARY, PLEASE PREASE DIRECTOR. OF YOUR FILES. WITH N 72 HOURS PLE TON STREET, | | male White | Se | ept 22, | | | DER 1 YR. IF UNDER | MIN PROI | DATE NOUNCED DEAD | L | | YEAR 7 | 7:44 |
| • | 75 | Må | RTHPLACE (STATE OR REIGN COUNTRY) | | U.S | | WIDOW | | ED 🗆 | Anne A | Arund | el C | ounty | 1110 |
| | PAGE STATE | G | len Burnie | No | orth Ar | PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) undel Hospi | tal | ER INSTITUTION | FOR MOST O | OCCUPATION (TY OF WORKING LIFE) Wife | YPE OF WORK | OR | ind of But industr e Mal | ΥY |
| 21201 | AND 3 TO SETAIN SECOND BEAD BEAD BEAD BEAD BEAD BEAD BEAD BEA | 'Ma | RESIDENCE (IF INNURSING I | ANA. | er institution, giv | FRESIDENCE BEFORE ADMISS PASAGENA | ION) | 13d. INSIDE CITY LIMITS? YES NOXXX | 13 STREET A | omeland | Road | 21. | 122 | |
| BALTIMORE, MD. | EAH. | 14. FA | THER'S NAME Frederick | MIDI | DLE | Kaline | | 15. MOTHER'S MAIDE | | WIDDLE | = | =: | AST | |
| LTIMO | AFTER C VE PAC GES 1 SION (| 16a. V (Y | VAS DECEASED EVER IN U.: ES, NO, OR UNKNOWN) (IF YES | , GIVE WAR O | | 219-16-25 | | Frederick | r G. Hy | | sader | | | |
| | OURS A 11B. GI 13 WITH MIT. PA IE, DIVI | | 18 CAUSE OF DEATH (En- | er anly ane | cause per line | far (a), (b), ond (c).) | | Any IN. | | | 10 01 | BETW | PROXIMATE LEEN ONSET | INTERVAL AND DEATH |
| S, 201 W. PRESTON ST., | XECUTED WITHIN 24 H NG" IN PENCIL IN ITEN CAL EXAMINER ALON BURIAL - TRANSIT PER AND MENTAL HYGIES AATION, OR REMOVAL | | Canditians, if any, v gave rise to imme couse (a) stating the <u>u</u> lying cause last. | diate nder- | DUE TO, OR (c) | AS A CONSEQUENCE THENOS C AS A CONSEQUENCE OF ACCO | OF CGA | OVSE AN | noio v | ASCULA | | sons | G | 13 |
| DIVISION OF VITAL RECORDS, | BE E NOIN NOIN AS A ALTH | CERTIFICATION | PART 2 OTHER SIGNIFICANT COND | | | IUT NOT RELATED TO THE TERM | | | RT 1 (a). | | | 20. A | UTOPSY? | |
| N OF VITA | ATE SHO FE WORD THE CHILD BE US MENT OF | | 210. EXTERNAL CAUSE WA | | | MONTH DAY YEA | 21c. He | OW INJURY OCCURRE | D (ENTER NATUR | E OF INJURY IN ITEM) | 8 PART I OR P | | ES 🗆 | № □ |
| DIVISIO | ARPE ARPE ARE DE ATE DE | MEDICAL | CONTRIBUTING CAUS 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | | 21e PLACE C | T 19 F INJURY (AT HOME, ORY, FARM, ETC.) | | CATION | CITY | OR TOWN | cc | PINTY | | STATE |
| | EXAMINER: THE CERTIFICATE, I ULD BE FORW, DIRECTOR: PA, WITH THE STA WARYLAND, 21 | | 220. I certify that I took death resulted from: | chorge of t | | | Autop | y Inspection , Hamicide , | Undetermin | | and in my a | | , | , |
| | ★류공★토파 | | ACTUAL SIGNATURE | 1001 | CS A | SEARE | M | DEPUTY | MEDICAL | EXAMINER CHIG H | DATE SIGN | ED | 1171 pr | 87 |
| | TO MEDIC EXECUTE TO PAGE 4 SI TO TO BE BALTIMOR | 22. 0 | (TYPE OR PRINT) | 1410 | 7 | 23c NAME OF CE | ALEXEDY C | ADDRESS / OU | 123d. LOCAT | | | | | |
| 07/84 | BP | (: | Burial | | 20/87 | Glen Ha | | lemorial Pk | GIen | "Burnie | | Ä. | | Md |
| 25M | DHMH - 17 (VR A15 ME (5)) | | uneral director eorge J. Gonc | e 400 | l Ritter | nie Hgwy Ba | lto N | | N 1 0 10 | STRAR 256 REC | JESTRAR'S | ~() | JRE | |



| | 51 | ATE | OF | MARYLAND | |
|--|----|-----|----|----------|--|
|--|----|-----|----|----------|--|

| 8 7 _{REG} | . NO. | 5 | 1 | 9 | 6 |
|--------------------|---------|-----|------|-------|-----|
| ATE OF DEATI | HINOM H | DAY | YEAR | 2b. H | OUI |

| E 7 0 0 5 401 05 | har! | | | STATE OF MARYLAND | | | |
|--|------------|--|--|----------------------------------|-------------------------------|------------------|---|
| 5 7 8 3.0 JUN 26 | 14 | FOR | DEPARTA | MENT OF HEALTH AND MENTAL HY | GIENE | | 3 45 |
| 1 | ' | STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 I REG. N | 5 | 194 |
| | 1. DEC | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY | YEAR 2b. HOUR |
| + e e e | (TYPE | OR PRINT) | reals Maria | a Jalamaa | 1.14 | 1. 18 | 107 745 |
| moy be poge 3 er deoth | 2 053 | GELL | rade MATIE | SOMMSOM | ACE WARRENCES | 0 10 | 0/ X-AM |
| J die difer | 3 SE) | 7 | | 5. DATE OF BIRTH MONTH DAY YEAR | 6 AGE (IN YEARS LAST B | MÓN | INDER 1 YEAR THUNDER 24 HRS |
| ige in the contract of the con | | temale | negro | 5-7-1904 | 1 | SS YRS. | |
| oth. Po | | RTHPLACE STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY | DR COUNTY OF | DEATH |
| death. Page | | ma | US'A | WIDOWED DIVORCED | HIND 4 | MIND | Ø MD. |
| ++ | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | G HOME OR OTHER INSTITUTION | 120 USUAL OCCUPA | | 176. KIND OF BUSINESS OR |
| of the | 11/1: | Mersu: 10 | (IS NOT IN SUCH PACILITY, GIVE STREET | DORESS MODELLA ST | LIVE OF WORK FOR MOST | OF WORKING LIFE) | INDUSTRY |
| hours d in by the file | USUA | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION, GIVE RESIDENCE BEFORE | ADMISSION) | Tromes | L WOLKS | 0- |
| ND 2 24 ho 24 ho offd b | 13a S | TATE Bb COU | TY 134 CITY OR TOW | N 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | 1 10/2/11 |
| AN S E S S S S S S S S S S S S S S S S S | | VIICH TIMEY | runder Hinap | YES NO A | 16/3/12 | rons 1 | 1000 10121401 |
| MARYLAND ed within 24 mpletely filler and 5 shoolid | II4. FA | THER'S NAME | MIDDLE LAST | 15 MOTHER'S MAIDEN NA | MIDDLE | FR . | LAST & |
| WA ed | | Verson e | Cook | CATTIE | | the | elmood |
| RE, M. | | | MED FORCES? 166 SOCIAL SECU | | ADD | RESS ANN | a md |
| Wedi go | , | ES, NO GRUNKNI WHILE I I I F YES, GIV | 2/9-30-3 | 356 George A | STANSLU | ~4 161 | BAROWNS WOOD RO |
| BALTIMORE, cote be execu- | | | ily one couse per line for (a) (b), an | | JIBAUU | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| d ST., B. | | PART I. DEATH WAS CAUSE | D BY: | INIAN CIM | 10:11 | | |
| SI SI | | IMMEDIA | TE CAUSE (o) | Cold Cold | | | 1 Day |
| | | | DUE TO, OR AS A CONSEQUE | NCE OF | | | |
| death of the control | | Conditions, il ony, which gave rise to immediate | (b) | | | | |
| 0 0 | | cause (a), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | | |
| that that the by the cose reason reason. | | underlying cause lost. | (c) | | 2 | | |
| 20 es | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR COM | NDITION GIVEN | IN PART 110 |
| RDS n sig to t injur | O | | | | | | |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir outending physician. os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or the 18 shows any injury | A | 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | | ERE FINDINGS USED |
| hos berrene p | CERTIFICAT | | | | YES NO | YES T | IG CAUSES OF DEATH? |
| VITAL N: The system of the sys | - 1 | 71g. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c. HOW INJURY OCCUP | | _ | |
| P V Physical AN Physical Physi | | OR CONTRIBUTING CAUSE OF DE | AITT | Y YEAR | | | |
| ON OF IYSICIA ding ph ding ph socertif buriol-t Mental | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINED | P.M. 21e. PLACE OF INJURY | 211, LOCATION | | - 4 | |
| 71SIO PHY Trend Trend The b | ME | | (AT HOME, STREET, FACTORY, OFFICE, F | | CITY OR T | OWN | COUNTY STATE |
| NG offer the off | | AT WORK NOT WHILE | | 11/0 0 | 4 110 | | 7 |
| NDI Suse | - | 220.1 certify that (1) (this hospi | tol) ottended the deceased from | 19 0 | 1. 10 | 19. | , that (I) (we) last |
| print TTC 1170 for of fr | | saw the deceased alive an obove, (1) (we) (did) (did no | it) view the body alter death. | , and that in (my) (our) opinion | deoth occurred on the | date and hour on | d from the causes stated |
| IREC Hed hed hed tem | | 22b. SIGNATURE | 1 0 | DEGREE | 1 | | 22c. DATE SIGNED |
| TAL O y the RAL D detoc rote Di | 10 | mus | 160Va- | MD ATTENDING PHYSICIAN | MEDICAL STA | AFF | 10/18/87 |
| PIT PIT | 1 | 22d. PHYSICIAN'S NAME (III | dranit) | 22e ADDRESS | C-10- | 3 | LAND SIMS |
| TO HOSPITA etained by TO FUNER should be d with the Sta | | man ! | (colon X L | \$ 10 DIV | SUCC | 20 | 1000 |
| TO He should with Pour | - | THINCE | 1- HOIHN | DOVE CO | Croin | SHOW | MAX KD |
| | 23a B | URIAL, CREMATION, REMOVAL | 230 DATE 23c.1 | AME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | 0 00 | OUNTY STATE |

DHMH - 16 60M 7/84

BP.

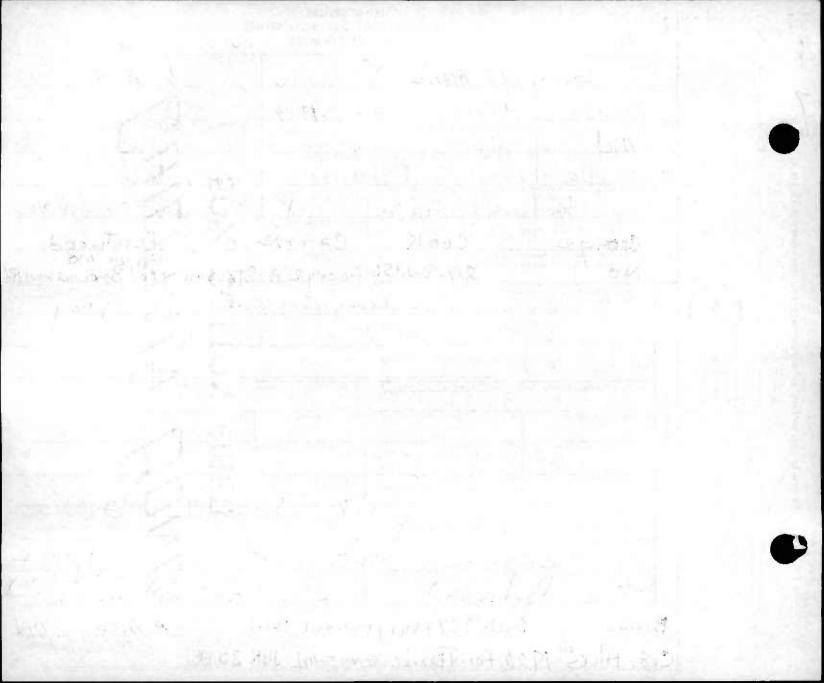
(VRA 15, 4)

BuriaL
24 FUNERAL DIRECTOR
C. S. HICK

25a. DATE REC

5 2

D. BY REGISTRAR 255. SEGISTRAP SIGNATURE AND STORY OF THE PROPERTY OF THE PROP



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 0 | 8 Leg. No. | 5 | 1 | 9 | 5 |
|---|---------------------------------|----------|--------|----------|--------|
| | 20. DATE OF DEATH MONTH | 1 - 8 | YEAR 7 | 26 HOL | 38 PM |
| | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| | 74 _{YRS} | MONTHS | DAYS | HOURS | MIN. |
| | 9 BALTIMORE CITY OR COUN | TY OF DE | ATH | | |

| | JAME | S B. | Johnston | |
|-----------------|-----------------|----------------------------|------------------|---|
| Male | | 4. RACE White | 5. DATE OF BIRTH | |
| A BIRTHPLACE (S | TATE OR SOREIGN | THE CITIZEN OF WHAT COUNTR | V2 8 | ١ |

1912 MARRIED NEVER MARRIED DIVORCED WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

nne Arunde

12b. KIND OF BUSINESS OR Painter Carpenter Construction

10 CITY OR TOWN OF DEATH daemale

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE 1136, COUNTY 1137, CITY OR TOWN 13c. CITY OR TOWN

Conv. Cente 13d INSIDE CITY LIMITS? YES | NO X

13e.STREET ADDRESS / ZIP CODE 431 Riverview Dr

Edgewater, Md. 21037

Md. 4 FATHER'S NAME

STATE

COUNTRY

West Va

REGISTRAR DECEASED NAME TYPE OR PRINT!

> MIDDLE Francis

Johnson

Audrev

Kees

James

CERTIFICATION

IMMEDIATE CAUSE (a),

A.A. Co.

USA

16b. SOCIAL SECURITY NO 225-05-3778

Edgewater

LAST

17 INFORMANT

CAOF

15. MOTHER'S MAIDEN NAME

No

PART I. DEATH WAS CAUSED BY

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

tastatic.

Carolyn E. Selba

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IN CERTIFYING CAUSES OF DEATH?

Conditions, if any, which gove rise to immediate (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED AUTOPSY?

190. DATE OF OPERATION

216. TIME OF INJURY

NOF YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION COUNTY

AT WORK 220.1 certify the (1) this hospital) attended the deceased fram

and that

CITY OR TOWN

in (my) (aur) opinian death occurred on the date and hour and from the causes stated

NO [

saw the deceased dive an abave (Dive) (did (did not view the bady after death

DEGREE ATTENDING

PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

6-6-87

23¢ NAME OF CEMETERY OR CREMATORY Lakemont Cemetery

22e ADDRESS

Javidšonville

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR T.A. Hardesty

Burial

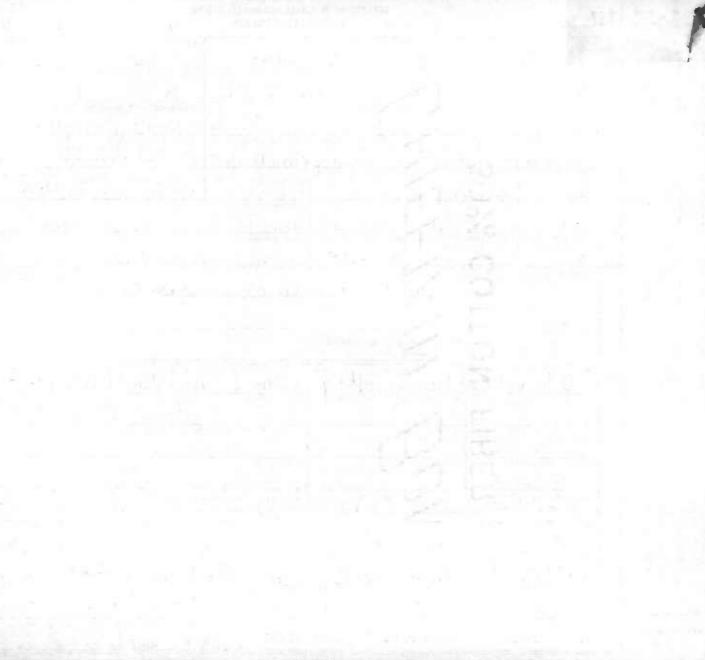
Annapolis Maryland 21401

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

IIIN

(VRA 15, 4)

CRIANT



250 DATE REC'D. BY REGISTRAR

DHMH - 16 60M 7/B4

BP

(VRA 15, 4)

TABLE TO SERVICE OF THE SERVICE OF T

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- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH

ONES

28

5 DATE OF BIRTH

MONTH

NOV.

| G | IENE 8 REG. N | 10 | 5 | 7 | 9 | 1 |
|---|------------------------|----------|----------|--------|----------|--------|
| | 2a DATE OF DEATH | MONTH | DAY | YEAR | 25 HOL | IR |
| | 7 | 6 | 16 | 87 | 7:4 | 5A |
| | 6 AGE (IN YEARS LAST B | IRTHDAY) | IF UNDE | RIYEAR | IF UNDER | 24 HR5 |
| | 71 | YRS. | MONIHS | DAYS | HOURS | MIN. |
| Ī | 9 BALTIMORE CITY | OR COUNT | TY OF DE | ATH | | |

MALE To. BIRTHPLACE (STATE OR FOREIGN COUNTRY MARYLAND

10 CITY OR TOWN OF DEATH

76. CITIZEN OF WHAT COUNTRY? U.S.A. WIDOWED

MARRIED NEVER MARRIED ANNE ARUNDEL DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION

1915

12b. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE CONSTRUCTION

CROFTON

DECEASED NAME AMES

3. SEX

o o

Pages puo

other

50 0

CERTIFICATION

MEDICAL

0

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Hygien

ond Mentol

20

morked

101

physicio n popers.

by

CROFTON CONVALESCENT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN 13c. CITY OR TOWN ANNAPOLIS

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? YEXX

15 MOTHER'S MAIDEN NAME

ELSIE

13e.STREET ADDRESS / ZIP CODE 1914 FAIRFAX RD

.MECHANIC

FORD

MARYLAND 14 FATHER'S NAME GEORGE

MIDDLE Н.

A.A.

4 RACE

WHITE

JONES 166 SOCIAL SECURITY NO

17. INFORMANT

GERTRUDE 1998年 FAIRFAX RD.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

214-05-0375

THELMA H.

JONES ANNAPOLIS, MD 21401

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY mo IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

NOT WHILE

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21e. PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE FARM ETC.)

211 LOCATION CITY OR TOWN STREET

COUNTY STATE

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased

23b. DATE

HARDESTY FUNERAL HOME ANNAPOLIS, MD

and that in (my) (aur) apinian deoth accurred on the date and hour and from the couses stated DEGREE

ATTENDING MEDICAL STAFF

22c. DATE SIGNED

23c. NAME OF CEMETERY OR

22e ADDRESS

LOCATION CITY OR TOWN ANNAPOLIS

DIRECTOR PHYSICIAN

TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR

should be deta

IMPORTANT

230 BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR

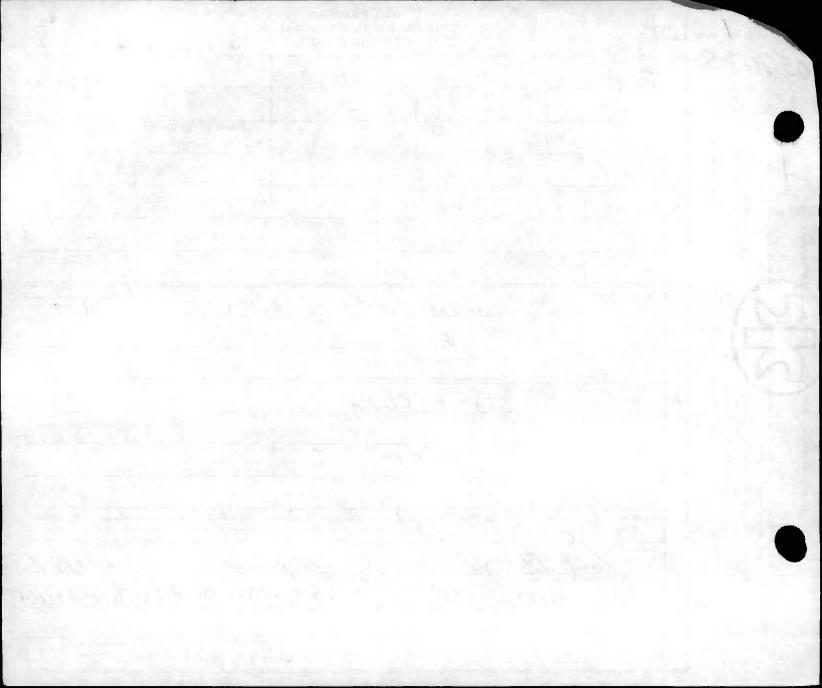
THE SIGNATOR

6/18/87

HILLCREST CEM.

MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



056737

STATE OF MARYLAND

| DEP | ARTMENT | OF | HEA | LTH | AND | MENTAL | HYGIENE |
|-----|---------|-----|-----|-----|-----|--------|---------|
| | CE | RTI | FIC | ATE | OF | DEATH | |

| | REGISTRAR | | OLI AKII | CERTIF | ICATE OF DEATH | 8 | REG. NO. | 1 5 | 1 | 9 | 6 |
|-----------------------|---|-----------------------------|--------------------------|-------------|--------------------------------|---------------------|----------------------|----------------|----------|------------|--|
| | CEASED NAME FIRST | | MIDDLE | - | AST | 20. DATE OF D | DEATH MONTH | | YEAR | 26 HO | JR · |
| | | liam | D. | Jone | es | 12 | 6 | - 13- | 8-7 | 034 | 15 M |
| 3. SE | | 4. RACE | . , | 5. DATE C | | 6. AGE LINYEA | ARS LAST BIRTHDAY) | IF UNDE | R I YEAR | IF UNDER | R 24 HRS |
| | Male | wn | ite | | 8-1981 | 5 | | RS. | | | |
| | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 MAPPIE | D NEVER MARRIED X | | E CITY OR COL | | | | |
| | Panama | USA | | D DNORCED | Ann | e Arun | del 0 | 0. | | MD. | |
| | | | | | | | | | | OF BUSIN | ESSOR |
| / P | t. Meade | 8025 | F. Dod | | ırt | N/A | OK MOST OF WORK | , INC. | N/A | A | |
| 13a | AL RESIDENCE (IF NURSING HON | E OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMITS? | 113a STREET AL | DDRESS / ZIP (| CODE | 1) | 15 | Contraction of the Contraction o |
| | Md. | AACo. | | eade | YES NO | 8025 | F. Do | | burt | t | 2 |
| 15 | ATHER'S NAME FIRST | WIDDIE | LAST | | 15. MOTHER'S MAIDEN NAM | ME | MIDDLE | | 1.01 | . 7 | |
| 1 | Douglas | K. | Jones | | Kimberly | 7 | A. | Co | orbe | ett | |
| | WAS DECEASED EVER IN U.S. | | 166 SOCIAL SECU | IRITY NO. | 17 INFORMANT | | ADDRESS | | - | | |
| (| YES, NO OR UNKNOWN) (IF YES | , GIVE WAR OR DATES) | 213-11- | -4568 | Douglas K. | Jones | S | Same | as | #13 | ; |
| | 18 CAUSE OF DEATH (Ente | r anly one cause pe | | | | | | | APPROX | IMATE INTE | RVAL |
| | PART I. DEATH WAS CA | USED BY: DIATE CAUSE (0) | - | | action Arres | + | | | - | | |
| | IMME! | | R AS A CONSEQUI | • | | | | | | | - |
| | Canditians, if any, which | | metas | | Neuroblast | ma | | | 2110 | 2nc | |
| | gave rise to immediate |) '-' | | | | | | | | | |
| | cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | PART 2. OTHER SIGNIFICAL | NT CONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE | OR CONDITION | N GIVEN IN | PART 1 | 0 | |
| NO | | | | | | | | | | | |
| MEDICAL CERTIFICATION | 190 DATE OF OPERATION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOP | | ERTIFYING | | | |
| TIFE | | E. 1-7 | | | | YES 🗌 | NOX | YES [| LAUSES | NO [| |
| CER | 21a. ACCIDENT WAS UNDERLYING | | | AV VEAD | 21c HOW INJURY OCCUR | RED (ENTER NATU | JRE OF INJURY IN ITE | M 18 PART I OR | PART 2) | | |
| CAL | OR CONTRIBUTING CAUSE O | DEATH | M. MONTH D. | 19 | med at | | | | | | 1 |
| EDIC | 21d. INJURY OCCURRED | 21e. PLACE | OF INJURY | | 21f LOCATION | | CITY OR TOWN | cc | VINITY | | STATE |
| × | WHILE NOT WHILE AT WORK | (ATHOME ST | REET, FACTORY, OFFICE, I | ARM, EIC J | SINCE | | | | | | |
| | 22a. I certify that (1) (this h | | | mar | ch 1965 | , to | une | . 19_8 | 7_ | that (b) | (we) last |
| | saw the deceased alive above, (1) (we) (did) (did | on TUNE | otter death | 37.0 | nd that in (My)(our) opinian o | death accurred | an the date and | d hour and f | ram the | causes st | ated |
| | 22h SIGNATUR | I and the sady | oner deam. | - 1 | DEGREE | | | 22 | t. DATE | SIGNED | |
| | 1000 | - A C | she | | MD ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | 7 | 135 | ine & | 7 |
| - 0 | 226. PHYSICIAN STIAME IT | TE DE TOU | ~ ~ ~ | | 22e. ADDRESS | V | | | | | |
| | Lewis 3 | r. Coh | en | | Dept. of Ped | l'atrics | Wilter | Reed | Am | C | |
| 23a. | BURIAL, CREMATION, REMO | AL 23b. DATE | 23€. 1 | NAME OF C | EMETERY OR CREMATORY | 23d. LOCAT | | | | | |
| | (SPECIFY) Burial | | | | gton Pk.Eas | CITY O | ianapo | lis | Inc | diap | STATE |
| 24 F | UNERAL DIRECTOR | | 0 01 1110 | | | | GISTRAR 25h RE | | | | Adres |
| | NAME | stv Fun | eral Hor | ne Ar | napolis Md. | JUN 1 | 0 1981 | guita (| Name of | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physis should be detached for use as the burial-transit permit. Then please remove carnon approved the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removes

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificationed by the haspital or attending physician.

injury, ar other traumatic event,

IMPORTANT: If Item 21 is marked ar Item 18 stodws any

Hardesty Funeral Home Annapolis Md.

MAN & BOD JAN SERVICE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH 2b. HOUR E. Kahrs 1987 June IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) 1928 Caucasian October 27. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED United States Anne Arundel County WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 48 Luke Dr. CTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY State Gov't. Auditor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Anne Arunde Pasadena NO XX 48 Luke Dr. 21122 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST Lillian Kahrs Brooks 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Jeanette M. Kahrs Same as 13a-e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Pancrectic Cancer lermina diffuse liver metastasis DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES T NO [NO 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR 19 211 LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ofter death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

21d INJURY OCCURRED 21e, PLACE OF INJURY NOT WHILE

sow the deceased alive on, obove, (I) (we) (did) (did not) 22b. SIGNATURE

CERTIFICATION

MEDICAL

313-7STATE

TYPE OR PRINTI

13a. STATE

REGISTRAR

Male

TO. BIRTHPLACE (STATE OR FOREIGN

Maryland

10. CITY OR TOWN OF DEATH

Frank

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate couse (o), stating

underlying couse

19a DATE OF OPERATION

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

27d PHYSICIAN'S NAME ITYPE OF PRINT

YES, NOOR UNKNOWN

Pasadena

Maryland

14. FATHER'S NAME

Frank

13b. COUNTY

MIDDLE

IMMEDIATE CAUSE to

4 RACE

I. DECEASED NAME

June 26.

22e. ADDRESS

'87 Loudon Park Cemetery Baltimore

MD 21202

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment

24 FUNERAL DIRECTOR

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

S. Greene

DHMH - 16 50M 4/83

(VRA 15, 4) McCully Funeral Homes

3204 Mountain Rd. Pasadena, MD 21122 256. DATE REC'D. BY REGISTRAR 258. REGISTAR'S SIGNAL RELAD

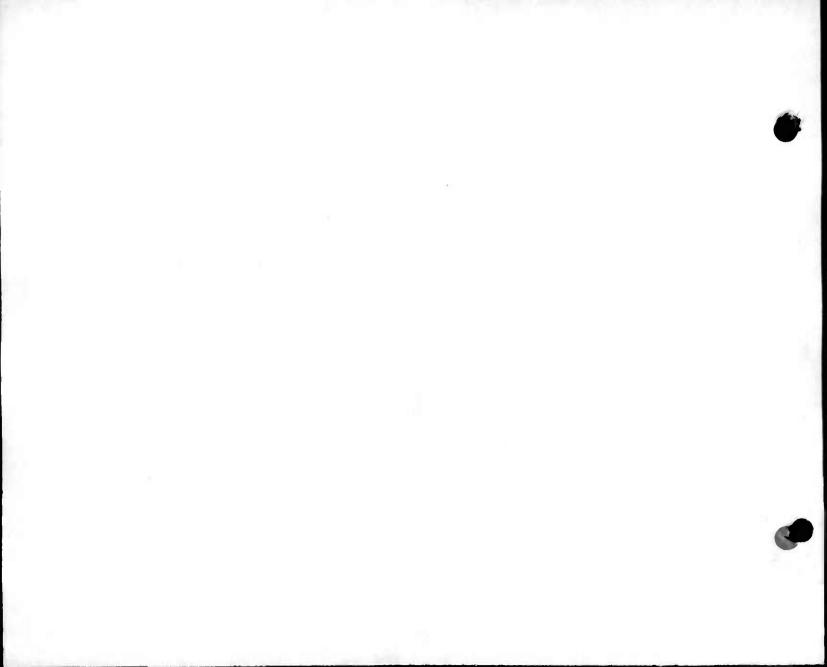
CITY OR TOWN

COUNTY

STATE Baltimore MD

.5 63.01 3k-11 htt and the last test time. The state of the s The state of the s CONTRACTOR CONTRACTOR OF CONTRACTOR Void Death Certificate #15800

July Death filed in with June



| 1 | 1. | FOR STATE | | | DEPART | MENT OF H | IEALTH AND MENTAL | HYGI | ENE | 9 | PM 175 | 23 1 |
|----|---------------|--|-------------|-------------------|-----------------------|------------------|---------------------------|--------|---------------------------|-------------------|--------------|----------------------------------|
| | 22 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | 8 REG. NO | , | 5 0 | EDT |
| 1 | | CEASED NAME | FIRST | | MIDDLE | l | AST | | | MONTH DAY | YEAR | 26 HOUR |
| 1 | (IASE | OR PRINT) | RY | JOH | IN | KAIT | FMANN | JR | JUNE | 14 | 1987 | 7 45 41 |
| 1 | 3. SE) | | | 4 RACE | | 5. DATE OF BIRTH | | | 6 AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS |
| ١ | - | Male | | White | 2 | Octo | ber 21, 190 | 1 | 85 | | NTHS DAYS | HOURS MIN. |
| ď | | RTHPLACE (STATE OR | FOREIGN | | WHAT COUNTRY? | 8 | | | 9 BALTIMORE CITY OF | | FDEATH | |
| 2 | | altimore | | United | States | WIDOWE | D NEVER MARRIED | | ANNE A | ARUNDEI. | COUNT | TY MD. |
| o | 10 CI | TY OR TOWN OF DEA | ATH | 11. NAME OF | | NG HOME | OR OTHER INSTITUTION | | 124 USUAL OCCUPATION | NC | 00011 | F BUSINESS OR |
| | 1 | GLEN BURN | | NORT | TH ARUNDE | L HOS | PITAL | | Cabinet Mal | | | orking |
| ř | 130 A | AL RESIDENCE (IF NURS | 136 COU | | GIVE RESIDENCE BEFOR | | 136 INSIDE CITY LIMIT | s? | 13e.STREET ADDRESS / | ZIP CODE | | |
| ? | M | | A.A | | Severna | Park | YES NOX | | 28 Cypress | Creek | Rd. / | 21146 |
| P | 4. FA | THER'S NAME | | WIDDLE | LAST | | 15 MOTHER'S MAIDEN | MAM | VE WIDDLE | | LAS | i T |
| | He | enry J. Ka | ufmar | n, Sr. | | | | Iori | nq | | | |
| | | VAS DECEASED EVER | | RMED FORCES? | 16b. SOCIAL SECU | JRITY NO. | 17 INFORMANT | | ADDRE | SS | | |
| | No | 4 | | | 578-10 | -3180 | Mrs. Carr | ie | L. Kaufmann | ı (same | as 1 | 3) |
| | | 18 CAUSE OF DEAT | H (Enter o | nly ane cause per | line for (a), (b), ar | nd (c. | | 1 | | ^ | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CGrd to respir stary Corot | | | | | | | | | | |
| | | DUE TO, OR AS A CONSEQUENCE OF CO. SOLO LOSCOT TO LINE | | | | | | | | | | |
| 1 | | Conditions, if ony | | (b)_ | Sev | 210 | (conset | K | heart to | when | | |
| | | gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | |
| | | underlying cause | last. | (c)_ | | | | | | | | |
| | | PART 2 THER SIGI | NIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE | TERMI | NAL DISEASE OR COND | ITION GIVEN | IN PART 110 | a. |
| | NO. | hew | MR | er ve | us las | J4 6 | ardia. | C | 1, vena | (Ha | rull | X |
| ì | CA | 19a DATE OF OPERA | TION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | 20a AUTOPSY? | 206. IF YES, W | | |
| | CERTIFICATION | | | | | | | | YES NO | YES [| | NO 🗌 |
| į | | 21a. ACCIDENT WAS UNI | - | | FINJURY M. MONTH D | AY YEAR | 21c HOW INJURY OC | CURRE | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART | OR PART 2) | |
| | CAL | (IF EITHER NOTIFY MEDI | | | M. | 19 | | | | | | - 04 1 |
| ١ | MEDICAL | 21d INJURY OCCUR | | | OF INJURY | FARM, ETC.) | 21f LOCATION STREET | | CITY OR TOV | VN | COUNTY | STATE |
| ı | * | K NOT WI | HILE DRK | | | | | 0. | Λ | | | |
| ١ | | 22a.1 certify that (1) | | () | 4.4.1 | 00 / | fpul, 19 S | -4 | 10 June | 14. 19. | - / | that (I) (we) lost |
| ı | | sow the deceas obave, (1) (we) (| ed alive or | ot) view the body | after deoth. | , 01 | nd that in (my) (aur) opi | nion d | eoth of fred on the da | te and hour or | nd from the | causes stated |
| ١ | | 226. SIGNATURE | 1/ | | | 11-0 | DEGREE ATTENDIN | 10 | MEDICAL STAF | c | 22c. DATE | SIGNED |
| | | | 20- | | | una | PHYSICIA | | DIRECTOR PHYSIC | | 16/ | 14/8) |
| 10 | | 22d. PHYSICIAN'S | AME TYPE | OR PRINT) | | | 22e ADDRESS | 74 | 22 BALTIMOR | E & AN | NAPOL | IS BLVD. |
| | | BASAN | r K. | KHANDELY | AL, M.D. | | GLEN | BUR | NIE. MARYLA | ND. 21 | 061 | |
| | | BURIAL, CREMATION, | | | | | EMETERY OR CREMATO | ORY | 23d. LOCATION | | OUNTY | STATE |
| | | Buria | | 6-16- | | klawn | Cemetery | | Balt. C | ity | | md. |
| 1 | 24 FL | INERAL DIRECTOR | OBER | I S. BA | RRANCO | | 25a | DATE | REC'D. BY REGISTRAR | 156. REGISTRA | R'S SIGNAT | URE |

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. should be detached for un-with the State Dept. of Hec MPORTANT, IF THE

SEVERNA PARK, MD. 21146 (VRA 15, 4)

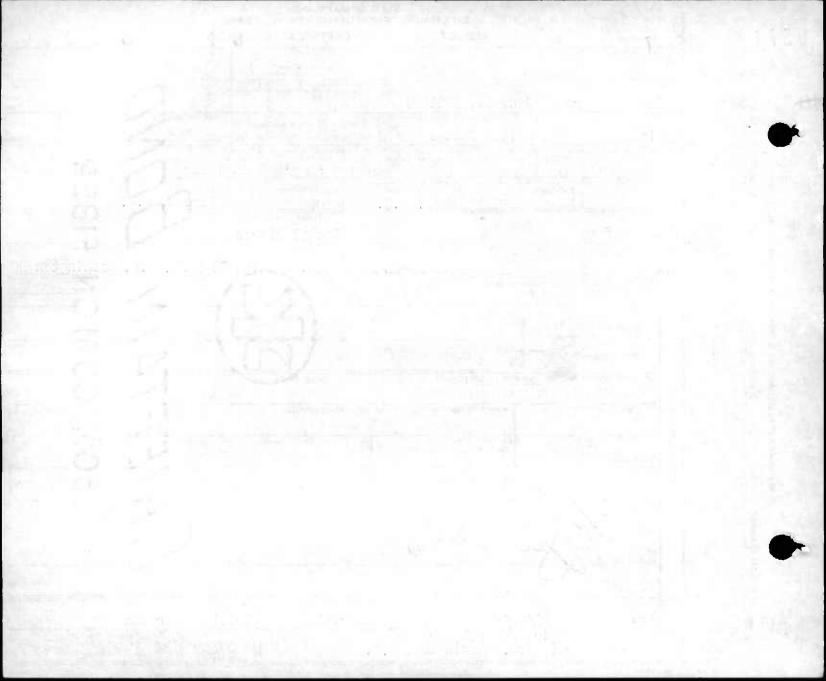
JUN 1 9 1997 Julia Varidon Bondate

SA ZILIZ AND DINE NE SEA TOLL ZIDE TOLEN

LASANT K. KIRNITEKAL, M.T.

SEVERNA PERC NO. 21115

THE EAST ORE A AMERICAL STATE. CLEW BURNIE, SURYLAND, 2108





| | 1- | FOR STATE REGISTRAR | | | DEPARTA | NENT OF H | E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | IENE 8 7REG. N | 40. | 5 8 | Ü |
|----------------|--|---|------------------------|-------------|--|------------|---|--------------------------------|---------------------|----------------|----------------------------------|
| -6 | | CEASED NAME | arl | es | Edga. | K | Klein lein | 20. DATE OF DEATH | MONTH DAY | 07 | 26. HOUR / / / / / AM |
| | 3. SEX MALE 4. RACECAUCASIAN 5. DATE OF BIRTH MONTH 12 DAY 03 YEAR 26 6. AGE (IN YEARS LAST BIRTHDAY) MONTH 70. BIRTHPLACE (STATE OR FOREIGN 70. CITIZEN OF WHAT COUNTRY? 8 | | | | | | | | | | IF UNDER 24 HRS |
| 35 | | | MD. | | | | | | | | |
| Contined | Maryland USA WIDOWED DMORCED Anne Arundle 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Teacher Annapolis Arundel General Hospital Teacher Teacher | | | | | | | | | | cation |
| 5 | 13a. S | MD I | A . A | | ive residence before 13c. CITY OR TOW nnapol | N | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 2236 Mul | / ZIP CODE berry | 2140: Hill | 1 Road |
| ekadio | Pł | 4 | Loui | | Klein | | Hattie | E. | | Daw | |
| e medico | | VAS DECEASED EVER IN YES, NO ORUNKHOWN) (| | D FORCES? | 220-12 | | Debbie S | imms 233 | 8 Proc | | |
| event, the | | 18 CAUSE OF DEATH (PART). DEATH WAS | Enter only CAUSED I | BY: | leut | reed | Par filmes | Peter | | BETWEEN CO. | MATE INTERVAL ONSET AND DEATH |
| ther traumatic | | Conditions, if any, w gave rise to immed cause (a), stating underlying cause | diate | (b) | AS A CONSEQUE | riol | inf factors | Re A | | 20 | unle |
| | NOI | PART 2 OTHER SIGNIF | ICANT CO | NDITIONS CO | NTRIBUTING TO D | DEATH BUT | NOT RELATED TO THE TERM | IINAL DISEASE OR COM | IDITION GIVEN | IN PART 10 | a · |
| 9 | CERTIFICATION | 196. DATE OF OPERATIO | | | | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | YES | NG CAUSES | NGS USED OF DEATH? |
| 9 | MEDICAL CEI | 21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL | SE OF DEATH | P.N | A. MONTH DA | YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | JRY IN ITEM 18 PART | T I OR PART 2) | |
| orked or | MED | 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | | | ET, FACTORY, OFFICE, F. | ARM, ETC.) | 211. LOCATION STREET | CITY OR TO | 26/20 | COUNTY | STATE |
| 23 4 7 | | 220. I certify that (1) (the sow the deceased above, (1) (we) (did | | | | 1 | nd that in (my) (au) apinion | death occurred on the c | date and hour a | | |
| N | | 226. SIGNATURE | 1/8 | De | wi | i | DEGREE CATTENDING PHYSICIAN | MEDICAL STA | | 22c. DATE | J. P |
| MPORTA | | 224 PHYSICIAN'S NAM | | L | | IAME OF C | 22e ADDRESS | T224 LOCATION | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

Baltimore

Cremation 06-29-87 Security Process 124 FUNERAL DIRECTOR 299 Frederick Road 21228 1250 DAY Cremation Society of MD Baltimore, MD JU

ess Baltimore Baltimore MD

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Constitution of the Contract of the State of the Contract of t

ä

morked or

WHORTANI

CERTIFICATION

page 3

3. SEX

DEPARTA

| | | | | STAT | E OF MA | RYLAND | | | | |
|---|------------------------------------|----------------------|-----------------------|------------|-------------|---------------------------|---------------------------------|----------------|-----------------|-----------------------------------|
| FOR T - STATE TREGISTRAR | | | DEPARTI | | | ND MENTAL HYG OF DEATH | 8 / REG. N | 10. | 5 8 | 0 5 |
| DECEASED NAME | FIRST | | MIDDLE | | LAST | | 2a DATE OF DEATH | MONTH D | AY YEAR | 2b HOUR |
| WH | 141 | rator | | ELS | ie | KNOPO | | 6 9 | 87 | 1:30AM |
| 3. SEX | | 4. RACE | | 5. DATE | | 11 | 6 AGE (IN YEARS LAST B | | IF UNDER I YEAR | IF UNDER 24 HRS |
| female | wł | nite | 09-15-1892 YEAR 94 | | | | | | HOURS MIN. | |
| BIRTHPLACE (STATE OR | 76 CITIZEN OF | WHAT COUNTRY? | | - NE | VER MARRIED | 9 BALTIMORE CITY | | OF DEATH | | |
| COUNTRY) MD | | USA | 4 | MARRIE | _ | DIVORCED [| Anne Aru | ınde1 | | MD |
| 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NO | | | | IG HOME | - Part - | INSTITUTION | 12a USUAL OCCUPA | TION | | F BUSINESS OR |
| Crofton | th Facility, give street n Convale | | Cent | er | housewi | | industry . | | | |
| USUAL RESIDENCE (IF NURS | | OR OTHER INSTITUTION | GIVE RESIDENCE BEFORE | ADMISSION) | | | 4 | | | |
| MD | 13b COL | AA | Deale | N | YES T | DE CITY LIMITS? | 13e.STREET ADDRESS 6049 Drun | | d./207 | 51 |
| 4. FATHER'S NAME | - | | | | 15. MOT | HER'S MAIDEN NA | ME | | | |
| Charles | | WIDDLE | Knopp ggon | | | Annie | Bertie H | Ford | LAS | Ti. |
| 160 WAS DECEASED EVER | | RMED FORCES? | 166 SOCIAL SECL | IRITY NO. | 17 INFO | RMANT | 4900 DD | ess Canvasb | a cla Ct | |
| (YES, NO OR UNKNOWN) | | IVE WAR OR DATES) | 215-50-4 | 163 | Mary | Jane Ba | | olumbia | | |
| 18 CAUSE OF DEAT | | -7 | | | 4 | 0 01110 201 | 1 | 2 - 04(10 2 0 | APPROX | IMATE INTERVAL ONSET AND DEATH |
| PART I. DEATH W | VAS CAUS | | Cordes | mul | sollie. | ary le | nend | | | |
| 100 | INVINCEDIA | | R AS A CONSEQUI | ENICE OF | 01 | 0 | 1 , 1 | a del | - ward | 100 |
| Conditions, if ony | , which | ((b) | Belake | - | Chr | Would 5 | Lubblia | 1 | Jan. | ad ces 2 |
| gave rise to important | | DUE TO O | R AS A CONSEQUI | ENICE OF | | | ` | | | |
| underlying cause | e last. | (6) | K AS A CONSEGO | LINCE OF | | | | | | |
| PART 2. OTHER SIGI | NIFICANT | CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT REL | ATED TO THE TERM | NINAL DISEASE OR CO | NDITION GIVE | N IN PART 1 | a |
| NO | | | | | | | | | | |
| 19a DATE OF OPERA | TION | 19b. COND | ITION FOR WHICH | OPERATIO | N WAS P | ERFORMED | 20a AUTOPSY? | | , WERE FINDING | |
| Ē | | | | | | | YES NO | | S [| NO [|

190 DATE OF OPERATION 19b. CONDITION FOR WHICH 21a. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE

22a.1 certify that (1) (this haspital) attended, the deceased from and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED MEDICAL ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

23d LOCATION CITY OR TOWN COUNTY

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Buria1 6-12-87 St James Parish 24 FUNERAL DIRECTOR

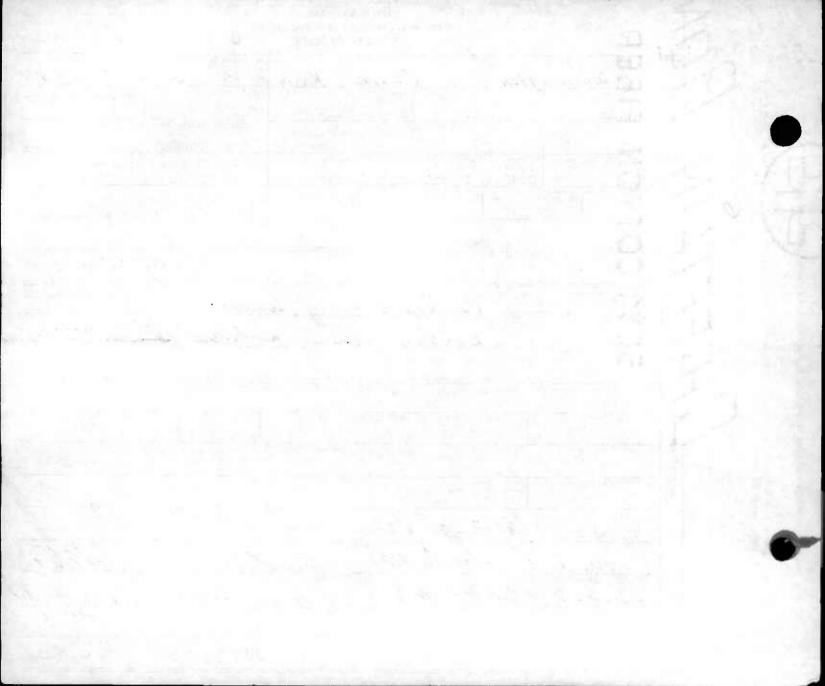
Lothian AA 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

RAusch FH Owings, MD 20736

DHMH - 16 60M 7/84 (VRA 15, 4)

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|---|----------|---|---|
| | REG. NO. | | 2 |
| | REG. NO. | | |

| 22 | 17 | FOR STATE REGISTRAR | | | DEPARTA | | EALTH AND M | | IENE 8 7 _{REG. NO.} | 5 8 0 | 06 | | |
|---------|---------------|---|-----------------|----------------|---|--------------|---|----------------------------------|--|-------------------------------|----------------------------|--|--|
| | | CEASED NAME | FIRST | | MIDDLE | | AST | | THE DATE OF BEATTY AND | Y . YEAR 2b | HOUR | | |
| | | L. | 20 | | | | KNOTT | 1.3. | JUNE 16, 1987 7.30 | | | | |
| | 3 SEX | MALE | | 4. RACE | HITE | S. DATE C | | 90°3 | | | JNDER 24 HRS HURS MIN. | | |
| 5 | | RTHPLACE (STATE OR F | OREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8. MARRIE | DINEVER MA | ARRIED [| Anne Arundel | County, | MD. | | |
| 0 | | ty or town of DEA en Burni | | LIE NOT IN SUC | HOSPITAL, NURSIN H FACILITY, GIVE STREET, Pighton | G HOME C | R OTHER INSTIT | 10110N 1061 | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Painter | 126 KIND OF BUINDUSTRY Self-e | | | |
| - | 13a S | L RESIDENCE (IF NURS | 13b COUI | | 13E CITY OR TOW | N . | 13d INSIDE CIT | Y LIMITS? | 13e.STREET ADDRESS / ZIP CODE 892 Brighton | | 21061 | | |
| 0 | 14 FA | Joseph | | WIDDLE | K'not | t | IS MOTHER'S | MAIDEN NAM IRST RNE | AE MIDDLE | ısı Mar | tin | | |
| 1 | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMAN | IT | ADDRESS | L DE | | | |
| / | | No | | | 220-09 | -369 | Mrs. | Molli | ie Knott Same a | APPROXIMATE BETWEEN ONSE | | | |
| STATION | CERTIFICATION | Chn 190 DATE OF OPERAT | R AS A CONSEQUE | ACE OF BUT | NOT RELATED TO | alo | 20d AUTOPSY? YES NO PYES, IN CERTIFY YES | WERE FINDINGS ING CAUSES OF I | | | | | |
| 7 | ICAL CE | 210. ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DE | HOUR A. | M. MONTH DAY YEAR | | | URY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM 18 PAR | T I OR PART 2) | | | |
| | MEDIC | 21d. INJURY OCCURE | RED | 21e PLACE | | ARM, ETC.) | 21f LOCATION | 4 | CITY OR TOWN | COUNTY | STATE | | |
| | | 220.1 certify that (1) saw the decease above, (1) (www.) (e | d alive on | _10. | 4 19 2 | 36 , or | id that in (my) | , 19 8 4 | death occurred on the date and hour | | (I) (we) lost es stated | | |
| | | 22b. SIGNATURE | | ana | | | PI PI | TENDING HYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGN | | | |
| 1 | | 22d PHYSICIAN'S NA | | | | | 22e. ADDRESS | | | 34.7 | 0100 | | |
| _ | 22 - | | | ra, M.D | | LAME OF C | | | over St., Balt | o., Md. | 2123 | | |
| | | URIAL, CREMATION, SPECIFY) Ruri | - | 6/20 | 1 | | emetery or cr | | 23d LOCATION CITY OR TOWN Glen Burnie. | AA CO. | STATE Md. | | |
| | 24. FU | INERAL DIRECTOR W | do a femi | LY FUN | ERAL HO | | - Crac j. C | | REC'D. BY REGISTRAR 256. REGISTR. | AR'S SIGNATURE | ad Ba | | |
| | 2 | 2377 DATIA | page | A 1713 | TO A TIME THE | 210 | 25 | JU | N 1 9 1987 Julia Da | uccess. Lance. | | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. Then please remove corbest with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar

IMPORTANT: If Hem 21 is morked on Item 18 shaws

ALLE AMERICANS the way was a fine Verlage

| 581 | 4 3 JM 3 | 18 | FOR STATE REGISTRAR | | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | SIENE 8 | REG. NO | | 5 8 | Opsz |
|---|---|---------------|--|--------------------------------------|--|------------------|---|------------|---|----------------|---------------------|------------------------------------|
| | m.e | | CEASED NAME FIRST | | MIDDLE | | AST | 2.7 | | ONTH. | DAY YEAR | 26 HOUR |
| s pe | deoth deoth | L | YOLA | H | | KRAF | | | JNE | 27 | , 1987 | 0915 AX |
| 8 | fre- | 3. SE | | 4 RACE | | 5. DATE C | | | N YEARS LAST BIRTH | (DAY) | MONTHS DAYS | HOURS MIN. |
| 9 | rrecto ours o | _ | Female | White | | November 11,1912 | | | | YRS | | |
| 9 | uneral di mn 72 ho | | RTHPLACE (STATE OR FOREIGN | U.S. | | WIDOWE | | | ANNE AR | | | Y |
| 201 | by the fulled with | | GLEN BURNIE | NORTI | ARUNDEL | HOSP: | TAL | (TYPE OF W | LOCCUPATION ORK FOR MOST OF THE MOST OF | WORKING LI | FE) INDUSTRY | OF BUSINESS OR Home |
| AND 21: | filled in hould be f | 13a. : | | | 13c. CITY OR TOW | /N | 13d. INSIDE CITY LIMITS? | 1012 | T ADDRESS / | | | 1 |
| MARYL ed with | g & 8 | 14. F/ | Frederick | MIDDLE | Hammond | | Mary | ME | WIDDLE | | Fraw | ley |
| TIMORE, M. | E | | VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? | 218-05- | | Betty Verba | , Same | ADDRES | SS | | KIMATE INTERVAL ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours of | ottending p ove corbon ition, or rem oumotic eve | | PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT | DUE TO, O DUE TO, O DUE TO, O (c) | R AS A CONSEQUENT RAS TO | ENCE OF | Int | Mes | | JIJON GI | VEN IN PART 1 | |
| ORDS, | been sign mit. Then prior to bi ony injury | TION | Severe | (OPD | , Co v | sch | emic C | ear | | nas | | |
| AL REC | w ne pes | CERTIFICATION | | | | OPERATIO | | YES [| NO | IN CERTI | FYING CAUSE ES 🔲 | S OF DEATH? |
| SION OF VIT | ding physicio is certificate t burial-transit Mental Hygie or Item 18 sha | | 21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE LIFEITHER NOTIFY MEDICAL EXAMINE | | | AY YEAR | 21c HOW INJURY OCCUR | RED (ENTER | NATURE OF INJURY | IN ITEM 18 | PART I OR PART 2) | |
| NOISINIO NAME OF THE PROPERTY | 10 de + 9 | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME ST | OF INJURY REET FACTORY, OFFICE, | FARM ETC) | 21f LOCATION STREET | | CITY OF TOW | 'N | COUNTY | STATE |
| TENDER DE | CTOR. A of for use of Healt n 21 is ma | | 220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no |) | ofter death | , or | nd that in (my) (aur) apinian | death accu | rred an the da | te and had | ur and from the | |
| | y the hoder AL DIRE detached one Dept | | 27b. SIGNATURE | | | emy | | MEDICA | L STAFI | AN 🗌 | 6/2 | SIGNED |
| SCH | Sold be | | 226. PHYSICIAN'S NAME (TYPE) | OR PRINT) THANDET.W | AL. M.D. | | GLEN BUF | 22 BA | LTIMORI MARYLAN | E-ANN VD 21 | | BLVD |

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL SPECIFY Burial
24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD 21061

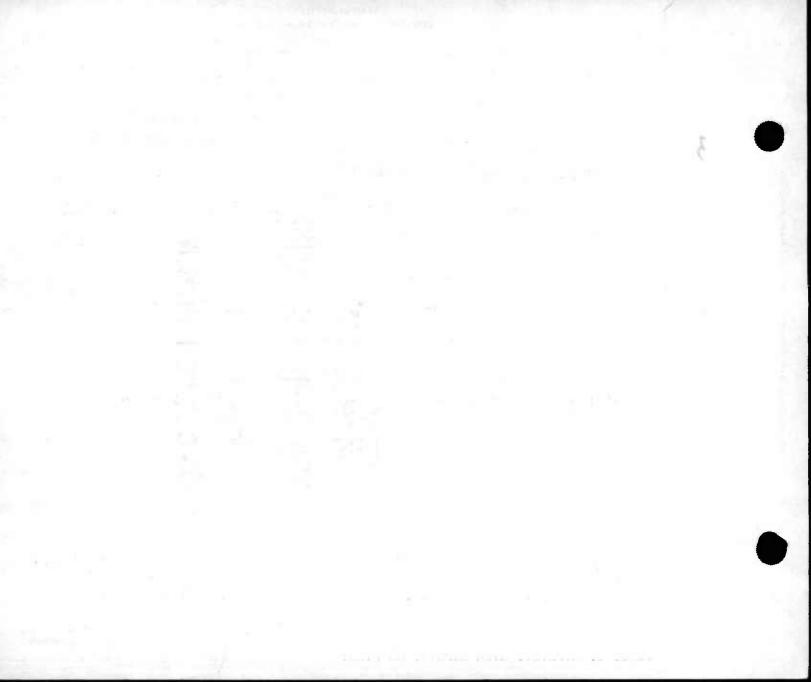
23b. DATE

1 July 87

236 LOCATION CITY OF TOWN Lakeview Memorial Pk Baltimore MD

259 DANE SEC D BY REGISTRAR SHARE SEC NO BY PRESIDENCE OF PARTY SECONDARY

ESS MD 21061 MD



| 56846 | 1-07 | FOR STATE REGISTRAR | DEPARTN | STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH | ENE 8 RÉG NO. | 15808 |
|--|---------------|---|--|---|--|---|
| do le con 17 | | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONT | TH DAY YEAR 26 HOUR |
| Soge 3 deoth | TITPE | Grace | Ε. | Lafferty | 6 | 4 87 M |
| 4 may | 3 SE | X | 4 RACE | | 6. AGE (IN YEARS LAST BIRTHDAY |) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| ye 4 | | Female | White | Jan 15 1903 | 84 | YRS |
| the funeral did | | RTHPLACE ISTATE OR FOREIGN Camden NJ | 76. CITIZEN OF WHAT COUNTRY? U.S.A | MARRIED NEVER MARRIED | BALTIMORE CITY OR CO Anne Arun | |
| | | rownsville | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY. GIVE STREET A Fairfield N | (DDRESS) | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWife | RKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY HOME |
| EALTIMORE, MARYLAND 2120 cote be executed within 24 hours systeion and completely filled in by apers. Pages 1 acd 2 should be fille wol. it, the medical elember make a | 13a. S | aryland Anne | other institution give residence before NTY 136. CITY OR TOWN Annapo | 11s YES NO S | | CODE St. Claire/21401 |
| MARYLA ed within ed within | | Harles M | Whitelo | ck Fannie | E MODIE | Ray |
| be execut | | VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) I IF YES GIV | MED FORCES? 166 SOCIAL SECUI E WAR OR DATES) 189-05 | 1 1 | Haske | Same 25 Above |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI NG PHYSICIAN: The low requires that the death certificate there this certificate has been signed by the attending physici as the burial-transit permit. Then please remove carban-papel th and Mental Hygiene prior to burial, cremation, or remaval. arked at them 18 storys any injury, ar other traumatic event, th | | 18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last | | | iere | Also 2 cocoff |
| requires to requires to the requires to the requires to the required or to burish y injury, and | TION | | Strake | EATH BUT NOT RELATED TO THE TERMIN | | |
| TAL RECO | CERTIFICATION | 19a. DATE OF OPERATION | 196. COMPTION FOR WHICH | OPERATION WAS PERFORMED | | . IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) |
| ON OF VITAI HYSICIAN: Th Inding physicia is certificate burd-transit Mental Taylor Mental 18 shgi | EDICAL CER | 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA | | Y YEAR 19 | D (ENTER NATURE OF INJURY IN II | IEM 18 PART I OR PART 2) |
| DINISION DING PHYS or ottendir After this (e as the buy and Min and Min marked or 1) | MEDI | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| OK ATTENDI on haspital or DIRECTOR: A oched for use Dept. of Heal | | saw the deceased alive on | tal) attended the deceased fram 6 / 3 19 19 19 19 19 19 19 19 19 19 19 19 19 | DEGREE | , ta 6+3-6/ eath occurred on the date at | nd have and from the causes stated |
| D HOSPITAL brined by the Could be det in the State APORTANT: | | 22d PHYSICIAN'S NAME (TYPE O Richard I. | Hochman M.D. | 22e. ADDRESS | | apolis, Md. 21401 |

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY

Burial 6-6-87 Good Shepherd Cem.

24 FUNERAL DIRECTOR ROBERT S. BARRANCO
NAME SEVERNA PARK, MD. 21146

AATORY 23d LOCATION
CITY ORTOWN

EN Ellicot City, House

25e. Date rec'd. By registrar 25b. registrar's signature

ectar. page 3 rs after death

ed by the attending physicio

| UN I | 019 | FOR STATE REGISTRAR | | DEPARTA | MENT OF HEAL | MARYLAND TH AND MENTAL HY TE OF DEATH | GIENE 8 7 _{REG.} | NO | 5 8 | 3 0,9 |
|------------------------------|---------------|---|---------------------------------|--|--|--|-------------------------------|------------------|----------------|---|
| | | ECEASED NAME PE OR PRINT) | LEXANDER | J. | LATVAN | IAS | JUNE 4, | MONIH | DAY YE | 26 HOUR 9:00 P |
| | 3. SE | Male | 4. RACE W. | hite | 5. DATE OF BI Janua | rth cy °30,1921 | 6. AGE (IN YEARS LAST | | MONTHS E | YEAR IF UNDER 24 HRS DAYS HOURS MIN. |
| 35 | l | SIRTHPLACE (STATE OR FOREK Maryland | U.; | WHAT COUNTRY? | WIDOWED | | 9 BALTIMORE CITY ANNE ARI | OR COUNT | | |
| 34 | | GLEN BURNIE | NORTH | HOSPITAL, NURSIN CH FACILITY, GIVE STREET ARUNDEL | ADDRESS) | | Cement Fi | | INDUS CO. | nd of Business Or hstruction |
| 赵 | 13a Ma | aryland | COUNTY A. A. | Jessup | N 13d | INSIDE CITY LIMITS? | 13e STREET ADDRES Old Anna | s polis | Road | 20794 |
| 25 | 1 | Joseph | WIDDLE | Lativana | as | MOTHER'S MAIDEN N | beth MIDDLE | | | aronas |
| e medico | | WAS DECEASED EVER IN U (YES, NOOR UNKNOWN) (IF | S. ARMED FORCES? | 212-14-17 | | nformant Rose M. Rot | oinson 719 | RESS Ma 215th | rylan Stree | d 21122 t Pasadena |
| Hury, ar other troumatic eve | NO | Conditions, if any, wh gove rise to immedia | (b) | OR AS A CONSEQUE | 0 | PACINO DE LE PROPERTIE DE LA P | MINAL DISEASE OR CO | NDITION G | IVEN IN PAR | RT Iros |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | | DITION FOR WHICH | OPERATION W | AS PERFORMED | 200 AUTOPSY? | IN CERT | | NDINGS USED USES OF DEATH? |
| yed or hem 18. | MEDICAL CE | 210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (FEITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | OF DEATH AMINER) P 21e. PLACE | OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA | 19 21f | HOW INJURY OCCUR | CITY OR | | COUNT | |
| If Bern 21 is mor | | 220. I certify that (1) (this saw the deceased of abave, (1) (we) (did) (22b. SIGNATURE | 1.6 1 1 | 1 | and the DEG | REE | death occurred on the | date and ho | our and fram | |
| MPORTANT. | | 22d PHYSICIAN'S NAME | 1 | , | Service Servic | PHYSICIAN | OLD FREDER | ICIAN [] | | 73/0 (|
| | 230. 8 | BURIAL, CREMATION FOM (SPECIFY) Burial | 90AL 18/8/ | 87 Maj | ryland | TERY OR CREMATORY Veterans Ce | em Crownsvi | lle | CANTYA | Mante Mante |

George Gonce 4001 Ritchie Mgwy Balto Md

Tiorden Pondallo

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

JUN9

BP DHMH - 16 50M 1/81 (VRA 15, 4)

10 FUNERAL DIRECTOR, After this certifical should be detached for use on the bursal-tran-with the State Dept. of Health and Meental Hy

retained by the hospital

TO HOSPITAL OR

SE AND DE SENTE CONTINUE SE LA CONTI and thresh our

| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR!, MARYLAND 21201 | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate Breascuted within 24 hours offer death. Page 4 may be retained by the bappital or othership physician. | 10 FUNERAL DIRECTOR: Also this certificate has been signed by the attending physical direct demonstrates by the funeral director, page 3 should be detached for use as the burial-training permit. Then please remove corbon pagests. Pages 1 and 2 should be 1/76 with 1/72 hours often death with 1/2 hours often death with 1/2 hours often death with 1/2 hours often death. |
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| | TO HOS | Should by |

| 058496 JUL/- | 618 | FOR DEPARTMENT OF HEALTH AND MENTAL HYG 7STATE CERTIFICATE OF DEATH | | 5 3 1 0 |
|---|---------------|---|--|---|
| moy be poge 3 ter death | { 1 Y P ! | CEASED NAME ALVAH RAY LEE | 20. DATE OF DEATH MONTH DAY | 2-87 11-55 M |
| 1 A sector T | 3. SE | Male Chite GH 30 1/3 | 74 YRS. | UNDER 1/EAR IF UNDER 2/HRS |
| deoth. Po | n | aryland USA WIDOWED DIVORCED | PANCE ACUNTYO | del MD. |
| 21201 21201 bours offer by the filed with | 6 | TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anapolis Anapolis Anapolis | 120 USUAL OCCUPATION (1786 OF WORK FOR MOST OF WORKING LIFE) | 126 KIND OF BUSINESS OR INCOMENTAL TO |
| AND 21 | Ila.: | AL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) THE THE PROPERTY LIMITS? YES NO X | 13. STREET ADDRESS ZIP CODE 1324 W. RIVEY | Road 20764 |
| MARYLAND red within 24 market files made infante | 14. F. | Frank E. Lee Lida | MEGIZ | rice |
| BALTIMOR? | | NAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT 18 POR INFORMANT 578-69-1630 Bertham. | Lee- Same as | |
| ST., BAL | 1 | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF TOUR OF THE PART I. DEATH WAS CAUSED BY | | 2 Weeks |
| 1 W. PRESTON ST., that the death certification by the attending at past remove carboning is cremation, or remove carboning or certain travellands even | 200 | Conditions, if any, which gave rise to immediate course (a), stating the underlying course lust. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF | debydrabion | 3weets |
| DIVISION OF VITAL RECORDS, 201 BUG BHYSICIAN. The law requires the other adding physician. Its this certificate has been signed to so the buriol framing permit. Then pleas the and Mental Hygiene prior to buriol acked or them 18 affices only injury, or a | CERTIFICATION | PART 2, OTHER SECNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CONDITION FOR WHICHOPERATION WAS PERFORMED | 1200 AUTOPSY? 1206 IF YES, V | TO WEE THO SUSED NG CAUSES OF DEATH? |
| I OF VITA SCIAN: T g physics enthicate rial-transi ental Hygi | | 21a, ACCIDINE WAS UNDERLYING TO THE TIME OF INJURY OR CONTHRUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR 19 19 19 19 19 19 19 19 19 19 19 | RED (LINER MATURE OF POLICY PARTIES IN PART | LOWART IS |
| IVISION G PHYS Other-diffe other this of as the burn h ond Me | MEDICAL | 716 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME, STHEET, FACTORS, OFFICE, FARM, ETC.) 211 LOCATION STREET 214 WORK 214 COATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDA pholos CTOR: At Tor use of Health | | 22a.1 certify that (1) (this herpital) afterplay the decembed from | death accurred on the date and hour o | , that (I) (we) tast nd from the couses stated |
| SPITAL OR 4 1 by the but VEPAL DIREC be defacthed tang. It here | | DEGREE ATTENDING ATTENDING PHYSICIAN D | MEDICAL STAFF DIRECTOR PHYSICIAN | 6/30/87 |
| O HOSPITAL TO FUNERAL Novid be det with the Store MPORTANT. | | 1833 DRET Duve Annabilis Ind 214 | OI PETERF, VE | RKOUW |
| BP | 5 | Surial July 2,1987 Hillerst | Annapolys A | OUNTY MOSTATE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 10 | ylor Funeral Chapel- Annapolis MD JUL | E REC'D. BY RECISTRAR 256. REGISTRA | R'S SIGNATURE |

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH I DECEASED NAME YEAR 26. HOUR (TYPE OR PRINT) MMN Margaret LEEB June 8, 1987 5. DATE OF BIRTH IF UNDER I YEAR 4. RACE IF UNDER 24 HRS MONTH Female Caucasian August 15. 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWEDER DIVORCED Anne Arundel County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Crofton Convalescent Center Home maker own home 38.STREET ADDRESS / ZIP CODE 2811 Farris Lane 13d. INSIDE CITY LIMITS? 20715 NO [15. MOTHER'S MAIDEN NAME MIDDLE Klein Klein

20715

COUNTY

22c. DATE SIGNED

JUNE 8. 1987

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3. SEX TO BIRTHPLACE ISTATE OR FOREIGN Germany CITY OR TOWN OF DEATH Crofton Jacob Margaret 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 2811 Farris Lane VES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES) 078-10-4797D William Rohm Bowie, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and jci. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE O Canditians, if ony, which gave rise to immediate couse (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [] 718. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this haspital) attended the deceased fram. 19 82, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated saw the deceased olive an. obave, (1) (we) total (did not) wew the body ofter death 226 SIGNATUR DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME TYPE OF PRINT 22e. ADDRESS

Suite 1 Dr. Paul S. Rhodes, M. D. 1667 Crofton Center Crofton, Maryland 21114 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Metropolitan Crematory Alexandria. Fairfax, Virginia 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 16000 Annapolis Road

Bowie. MD

DHMH - 16 60M 7/84

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(VRA 15, 4)

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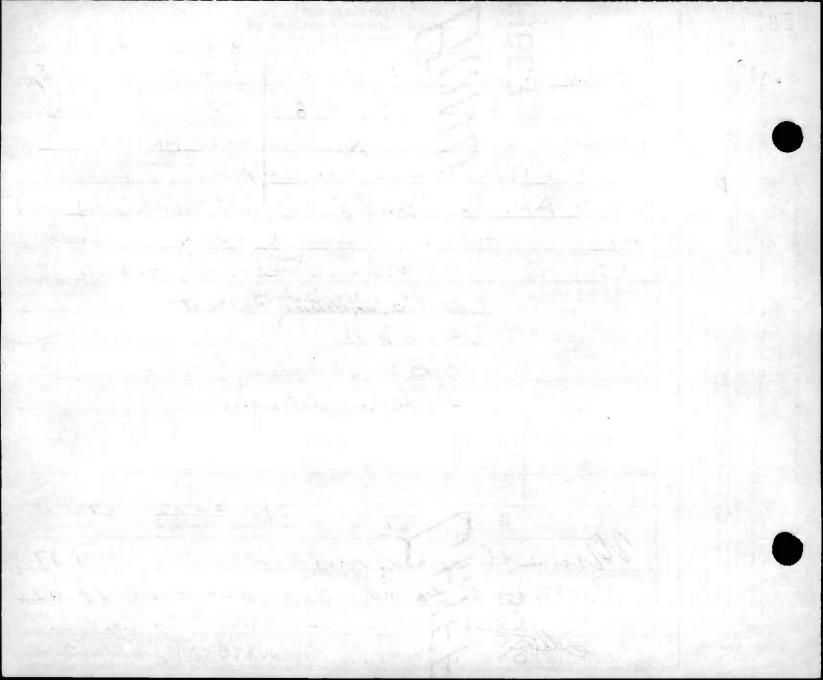
STATE OF MARYLAND

| DEPARTMENT | OF | HEA | LTH | AND | MENTAL | HY |
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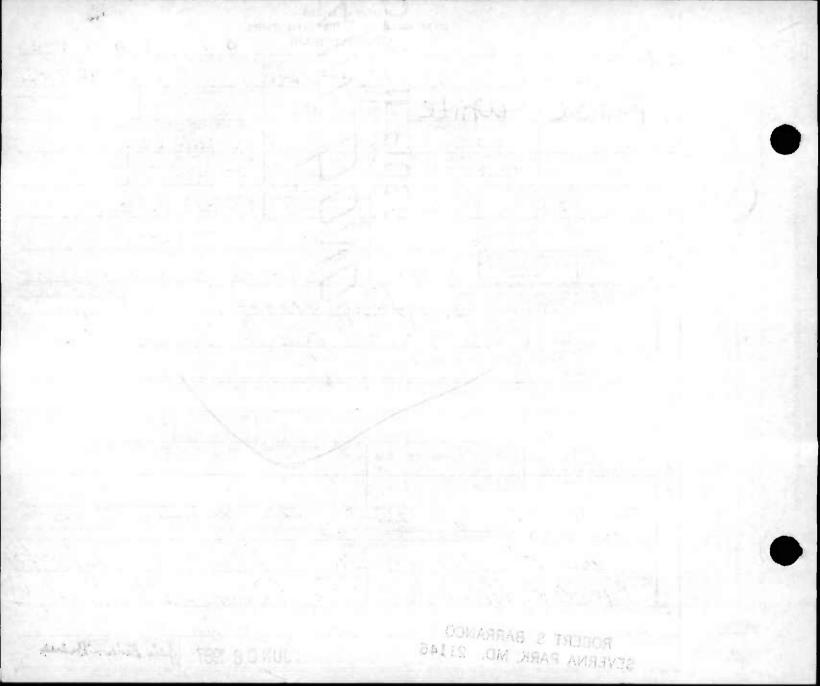
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| 50710 | | | | STATE OF MARYLAND | | |
|---|------|--|--|---|---|---|
| 6716 JUN | | FOR STATE | DEPART | MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH | 0 % | E 9 1 9 |
| | | REGISTRAR DECEASED NAME FIRST | WIDDLE | IAST | - INCOLLING | 5 8 2 |
| e 65 | | YPE OR PRINT) | | | | 115 |
| may be page 3 er death | | ELIZABETH | | LEHMANN | JUNE 12, 198 | |
| d mo | 3. | SEX . | 4. RACE | 5. DATE OF BIRTH | ~ | IF UNDER 1 YEAR IF UNDER 2 HRS |
| Page | | FEMALE | WHITE | NOV.29, 1894 | 92 YRS | 000000000 |
| d 250 | / | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY | OFDEATH |
| death. | | CITY OR TOWN OF DEATH | GERMAN | WIDOWED DIVORCED DIVORCED DISTRIBUTION | ANNE ARUNDEL | 12b. KIND OF BUSINESS O |
| s after | 0 | CLEN BURNIE | NORTH ARUNDEL | APDRES61 ~ | (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKER | INDUSTRY OWN HOME |
| 24 haur illed ind ind | 1 | a STATE 136 COL | OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY- A. GITY OR TOWN GLEN BUR | IN 136. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP CODE 1508 FURNACE AVE | NUE 21061 |
| thin thin 2 she | - 47 | FATHER'S NAME | | 15. MOTHER'S MAIDEN NA | | 21001 |
| Zeo | 100 | 1AX | GAIDA LAST | JOHANNA | MIDDLE , | (unknown) |
| 2 0 | 1 16 | WAS DECEASED EVER IN U.S. A | IVE WAR OR DATES) | · / Direct | , | |
| be exe | | | /A 213.74.9 | MRS. MARGARI | ET SIEGLE SAME | AS #13 |
| g physici anpapel remand, event, th | | PART I. DEATH WAS CAUS | only one cause per line for (a), (b), on SED BY: ATE CAUSE (a) | Cump (Spirato) | galrest | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| th ce corb , ar i | | | DUE TO, OR AS A GONSEOU | ENCE OF | | |
| atian, a | | Conditions, if any, which gove rise to immediate | (6) | CVD | | |
| that the | | couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| equires to signed Then ple | | | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIVE | EN IN PART 110 |
| n. nos bee permit. ne prior | 7 | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES IN CERTIF | , WERE FINDINGS USED YING CAUSES OF DEATH? |
| AN: The obysicial ficate heransit (Transit 18 sha) | - 2 | OD COMPRESSION CALLES OF D | THE PARTY OF THE P | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 PA | ART 1 OR PART 2) |
| HYSICIAI ding ph is certifi burial-tr Mental I or Item 1 | 71 | (IF EITHER NOTIFY MEDICAL EXAMIN | | 19 211 LOCATION | | |
| DING PHY: or attendin After this e as the bu alth and M | | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I | | CITY OR TOWN | COUNTY STATE |
| | | 220.1 certify that (1) (this has | pital) attended the deceased from_ | . 19_7 | 10 - /2 | 19 |
| ATTEN aspital CTOR: d for us m 21 is | - | saw the deceased alive a | on 6 5 19_ | \$7, and that in (my) (our) opinion | death accurred on the date and hour | and from the causes stated |
| che by the | | 27h SyGryASYRE | . 10 | DEGREE | MEDICAL STAFF | 22c DATE SIGNED |
| RAL RAL determinate | | 1 m | At com | 122e. ADDRESS | DIRECTOR PHYSICIAN | 6.13.87 |
| TO HOSPITAL Letained by the TO FUNERAL I should be deto with the State I important: I | | 224 PHYSICIAN'S NAME (TYPE | - 0 0 | MD 605 | BAA Blus | so ul |
| 5 € 5 € ¥ ₹ | 2 | BURIAL, CREMATION, REMOVA | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION | COUNTY STATE |
| BP | | BURIAL | JUNE 15,1987 GI | EN HAVEN MEM. PARK | GLÉN BÜRNIE, | A.A. MD. |
| DHMH - 16 50M 4/83 | 2 | FUNERAL DIRECTOR | Ste | | TE REC'D. BY REGISTRAR 256. REGIST | |
| (VRA 15, 4) | | SINGLETON FUN | ERAL HOME GLEN B | BURNIE, MD. | UN 1 6 1987 Julia | , Devideon Rondons |

GLEN BURNIE, MD.



| | 1 | | | | | | STAT | OF MARYLAND | | | | | |
|---|---------------|---------------|--------------------------------------|-----------------|------------------|--|------------|-----------------------------------|-------------------|----------------------|-----------------------------------|--------------|---|
| 7 | | 1- | FOR STATE | | | DEPART | | EALTH AND MENTAL H | YGIENE | -, | | 3500 | |
| 0562111 | 11/ | 1 050 | REGISTRAR | | | MIDDLE | | ICATE OF DEATH | 20 DATE O | REG. NO | ONTH DA | S (| 3 3 |
| noy be poge 3 | | | PRINT) | BELE. | N | G. | 2 | OMBARL | C DATE O | | 0 - | 3 5 | 26. HOUR |
| e 4 mo) ctor. po s ofter d | | 3. SEX | Fem | alo | 1. RACE | shite | 5. DATE C | | | YEARS LAST BIRTH | YRS. | F UNDER 1 YE | |
| orth Pay | 9 | 7a. Bil | THPLACE (STATE COUNTRY) Chigan | OR FOREIGN | | WHAT COUNTRY? | 8. | D NEVER MARRIED | | ore city or Arund | COUNTY | | MD. |
| ofter de | 0 | 10. CI | rofton | EATH | 11. NAME OF | | G HOME C | R OTHER INSTITUTION | 12a USUA | OCCUPATION NOST OF | Ν | 12b. KINI | OF BUILDINESS OF |
| 2.2 hour | 5 | 13a. S | L RESIDENCE IF NO TATE Lryland | 136 COUN A.A | VIY | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Severna | N | 13d. INSIDE CITY LIMITS? | 13e STREET 349 | ADDRESS / Marba | ZIP CODE Rd. 2 | 21146 | |
| MARYLA | 20 | | THER'S NAME | | MIDDLE Garve | ey LAST | | 15. MOTHER'S MAIDEN N Elizabet | | MIDDLE M | urray | | LAST |
| ORE, I | 1 | | AS DECEASED EVE | R IN U.S. AR | | 166 SOCIAL SECU | | 17 INFORMANT | | ADDRES | | | |
| Sicion of per Fool | 1 | | nc) | ATH (Enter or | nly ane couse pe | 2812840 | | James J. Lo | mbardo / | Same | as Al | | # 13e)¶ ROXIMATE INTERVAL EN ONSET AND DEATH |
| certificati ng physic bandoper r removal | lic event, th | | PART I. DE ATH | | TE CAUSE (a) | andi | - /0 | up au | est | | | | |
| reston establishment entending entending entending entending entending | | | Canditions, if or gave rise to in | | DUE TO, C | MOTO A | NEE OF | C Brea | nt | (and | ren | 1 | lrs. |
| W. Ph by the by the ceremy other t | | | cause (a), sto underlying cou | ting the | DUE TO, C | R AS A CONSE O UI | NCE OF | | | | | (| |
| up, 20 aures to aures to burie | jury, or o | NO | PART 2. OTHER SI | GNIFICANT (| CONDITIONS C | ONTRIBUTING TO | DE ATH BUT | NOT RELATED TO THE TE | RMINAL DISEA | SE OR COND | ITION GIVE | N IN PART | lio |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 OF PHISICIAN. The law requires that the deoth certificate be executed within 24 hours of the character physician physician physician promises the proper entrance of the burishment permit the places remove condangon. Fages 1 and conditional than and Americal removal contact from the places remove only on removal. | 9 | CERTIFICATION | 190 DATE OF OPER | RATION | 19b. COND | DITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AU | TOPSY? | 20b. IF YES, IN CERTIFY YES | ING CAUS | DINGS USED SES OF DEATH? |
| OF VITA CLAN, TI 2 physics printificate delinous red Hyge em 18 sh | 5 | | 21a, ACCIDENT WAS LOR CONTRIBUTING | CAUSE OF DE | 1111 | OF INJURY M. MONTH D. | AY YEAR | 21c. HOW INJURY OCC | URRED (ENTER | NATURE OF INJURY | IN ITEM 18 PAR | RT I OR PART | 21 |
| VISION G PHYS otherding er this o the bur and Me ked or th | / | MEDICAL | 21d. INJURY OCCU | | ?le. PLACE | OF INJURY | | 211 LOCATION STREET | | CITY OR TOW | N | COUNTY | STATE |
| TEND of 108 o | | Ė | 220.1 certify that | (1) this hospi | tol) attended to | | 3/7. | nd that i (My) (our) apinio | an deoth ocu | red on the dot | e ond hour | ond fram | that (we) lost |
| L OR AT the houpe to DIREC footbad for e Dept. of if Nem. if | | ŀ | 22b. SIGNATURE | A A / | Digw the body | after death | lon | DEGREE ATTENDING PHYSICIAN | MEDICA | L STAFF | AN [] | 22c. DA | ATE SIGNED |
| O HOSPITAL O FLINERAL hould be defined with the Stote MPORTANT | 1 | | 224. PHYSICIAN'S | NAME TYPE C | PRERINT) | ATHANIS | 03/ | 22e. ADDRESS | - P A A | 1277 I | 19 | 1 | Tara D M |
| 5 5 5 5 8 | + | | URIAL, CREMATION | N, REMOVAL | 23b. DATE | | NAME OF C | EMETERY OR CREMATOR | Y 23d LOC | ATION |) 011 | | MNAI M |
| BP | | | Burial | TOT G | BARR | . 24(3) | Hampto | on Cem | Ham | oton | | COUNTY | Towa |
| DHMH - 16 60M 7/ (VRA 15, 4) | /84 | 24 FL | NERAL DIRE POR | NIA DA | RK, MD | 21146 | | 25a. D | JN 0 8 | registrar 2 | REGISTR | AR'S SIGN | Candala |
| (VRA 13, 4) | | | SEVER | ואר וראו | 7 7 7 7 | | | | | 1001 | | | |



STATE OF MARYLAND

| 2 | 7 |
|---|----------|
| 0 | REG. NO. |

| 5 | 6 | 2 | 0 | 1 | J |
|----------------------|------------|---|---|---|---|
| NOKE, MAKTLAND 21201 | U. CAUSE I | executed within 24 hours after death. Page 4 may be [~] | - | and completely filled in by the horizon director, page 3 should be filed. | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow retained by the hospital or attending physician. BF DHMI

| ould be de | Glenn F. Robb | ans, |
|--------------------------------|---|---------|
| o | 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 23b. DA |
| H - 16 60M 7/84 (VRA 15, 4) | 24 FUNERAL DIRECTOR Raymond C. Fink | Gl |
| | | |

| ч | FOR | DEPAI | RTMENT OF HEALTH AND MENTAL HY | GIENE | | 1990 and | |
|-------------------|--|--|---|--|----------------------|---------------|-------------------------------------|
| ; | STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 /EG. 1 | 10. | 5 8 | 4 |
| 1 | 1. DECEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY | Y YEAR | 2h HOUR § |
| | (TYPE OR PRINT) EDITH | L | LUBER | 1000 | 6 9 | 87 | 12:20 ^m |
| | 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST B | | UNDER I YEAR | IF UNDER 24 HRS |
| | FEMALE | CAUCASIAN | 10 7 26 | 60 | YRS | | HOURS MIN. |
| 4 | 76. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTR | MARRIED NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY O | FDEATH | |
| > | MARYLAND | U,S.A. | WIDOWED TO DIVORCED | ANNE AR | | | 1110. |
| 1 | GLEN BURNIE | (IF NOT IN SUCH FACILITY, GIVE STR | SING HOME OR OTHER INSTITUTION REEL ADDRESS) Station Road | 126 USUAL OCCUPA (TYPE OF WORK FOR MOST Secreter | OF WORKING LIFE) | INDUSTRY | BUSINESS OR Truction |
| 0 | USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 13b. COU Maryland A | JNTY 13c. CITY OR TO | OWN 13d INSIDE CITY LIMITS? Burnie YES \(\text{NO } \text{X} | 13e STREET ADDRESS 504 Marl | / ZIP CODE ey Sta | tion : | 21061 Road |
| 7 | 14 FATHER'S NAME FIRST George | Longan Longan | is. mother's maiden n Gertrude | | | Wafer | |
| Special Section 1 | 160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G | (221.4 2.00 0.01 2.00 | | Burnie,M necki 502 | arylan Marle | d 2 y Sta | 1061 tion Rd |
| | Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. | DUE TO, OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSEC | QUENCE OF | RMINAL DISEASE OR CO | NDITION GIVEN | N IN PART 110 | |
|) | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 19b. CONDITION FOR WH | ICH OPERATION WAS PERFORMED | 20a AUTOPSY? | | WERE FINDIN | |
| | E | -0110 XuN | | YES NO | YES | | NO 🗌 |
| | CALIFE OF D | | DAY YEAR 21c. HOW INJURY OCCU | JRRED (ENTER NATURE OF IN | IURY IN ITEM 18 PAR | TIORPART2) | |
| | THE STATE OF THE S | 218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI | 21f. LOCATION STREET | CITY OR | OWN | COUNTY | STATE |
| | | pital attained the deceased fro | om MAY, 19 St., ond that in (my) (aur) opinion | n death occurred on the | | | that (I) (we) last couses stated |
| | 17a SIGNATIVE | en | | MEDICAL ST | AFF ICIAN 🗌 | 6/9/ | IGNED |
| | The second secon | .S.m. znda | 1404 Crain F | twy s. Suite | 300, Gle | n Bur | nic 21061 |
| Ī | 230 BURIAL, CREMATION, REMOVA | AL 23b. DATE 2 | THE NAME OF CEMETERY OR CREMATOR | 23d. LOCATION | | | |

12/87 Glen Haven Park 21061 en Burffie, Maryland

rk Glen Burnie A A Md

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|------|-------------|-------|-----------|------------|-----------|
| 3 | | | ETT: | | ר ר |
| | | 20 0 | n r | 20 0 10 10 | 7 |
| | 7 1 1 7 | | | 77,37 | CHATTE CU |
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| 5 | 7 55 50 | | 2 ~ ~ ~ ~ | ante A | 7 - 5 - 5 |
| ^- ~ | | 2 | | 37003 | 227.327 |
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and Brownshill, State 1888, 17 HUE - Comparing and Layer Date and July 187

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

| 3 | 7 | Ē |
|---|----------|-----|
| 2 | fora No | - 1 |
| | REG. NO. | |

| 749 | | 3 | |
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| m. | 2.8 | - 6 | |
| | 1.1 | | F |
| - | - | | |

Seth

21122

STATE

STATE

| 7 GREGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 2 0 | EDT |
|--|--|-----------------------|--------------------------------|-----------------|-----------------|
| 1. DECEASED NAME FIRST (TYPE OR PRINT) | WIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR | 26. HOUR |
| EDNA | M | MARKS | JUNE 19 | 1987 | 1.08 A |
| 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| Female | Caucasian | February 1. 1904 | 83 YRS. | MONTHS DAYS | HOURS MIN. |
| M. BIRTHPLACE STATE OR FOREIGN COUNTRY) Marvland | 7b. CITIZEN OF WHAT COUNTRY? United States | MARRIED MEVER MARRIED | 9 BALTIMORE CITY OR COUNT | | v |

13d. INSIDE CITY LIMITS?

NO X

ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNIE NORTH ARUNDEL HOSPITAL

> SING HOME OR OTHER INSTITUTION 13b. COUNTY

Anne Arundel

12a USUAL OCCUPATION 126. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home

13e.STREET ADDRESS / ZIP CODE 1965 Poplar Ridge Rd.

| 1. F | Charles | A DOLE | Meseke | Ethel | |
|------|----------------------|-----------------------------|-------------------------|---------------|--|
| 6a. | WAS DECEASED EVER | IN U.S. ARMED FORCES? | 166 SOCIAL SECURITY NO. | 17. INFORMANT | |
| | (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DATES) | | | |

Pasadena

ADDRESS

MIDDLE

| (| No No | (IF YES, GIVE WAR OR DATES) | 218 40 2107 | Samuel R. | Marks, | Jr. | (Same | as 13a-e) |
|---|---------------------------------------|---|--|--------------------|--------------|-------------|--------------|---|
| | | H (Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (a) | line for ta), (b), and to.1 CARDIO RESI | PIRATORY | ARR | 257 | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT HDWUTES |
| | Conditions, if ony, | which ((b) | RAS A CONSEQUENCE OF VENTRECUL | Ar THE | HYCA | ROM | | MONTHS |
| | cause (a), statin underlying cause | g the DUFTO | RASA CONSEQUENCE OF | Heart | Das | EASE | | YEARS |
| | PART 2 OTHER SIGN | VIFICANT CONDITIONS CO | ONTRIBUTING TO DEATH BUT | NOT RELATED TO THE | TERMINAL DIS | EASE OR CON | DITION GIVEN | IN PART TIO |

YES |

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO | ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDIC ALEXAMINER)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY

AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on,

STREET

(our) opinion death accurred on the date and hour and from the causes stated abave, (1) (wet (did) (did not) view the boo 226. SIGNATURE DEGREE 22c. DATE SIGNED

| 1200 | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN |
|--------------------------------------|--|
| 270 PHYSICIAN'S NAME (TYPE OR PRINT) | 22e ADDRESS 200 HOCDITAL DO TITE |

200 HOSPITAL DRIVE, SUITE 500 GLEN BURNIE, MARYLAND, DAVID ROSE, M.D. 21061

230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OF TOWN

June 17.1987 Mt. Olivett Cemetery Burial Baltimore City

McCully Funeral Homes

24. FUNERAL DIRECTOR

FOR

USUAL RESIDENCE (IF NU

Maryland

CERTIFICATION

d

marked ar Item 18

MPORTANT

should be detached for use as the burial-transit with the State Dept. af Health and Mental Hygie

FUNERAL

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

3204 Mountain Rd. Pasadena, MD 21122 REGISTRAR 256 REGISTRAR'S SIGNATURE

RANGE TO THE THURS THE TABLE TO THE TABLE TO THE TABLE TO THE TABLE THE TABL LEN ENERGH ANDREAS HOSTIFAL CONTRACTOR OF THE STATE OF TH THE REPORT OF THE PARTY OF THE really street in minis (and the end of the property of the party of 200 HOSPITAL DRIVE, SILTE SOU S. BAVIELEOSE, to D. GLES RESTS. JOYLAND 21061

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the hospital or attending physician.

BP.

STATE OF MARYLAND

|) L- | FOR STATE REGISTRAR | | DEP | | EALTH AND MENTAL | HYGIENE | 3 REG. NO | | 5 8 | 1 | /ED |
|---------------|--|--|---|---------------------|--|-------------|--|------------|---------------|-------------------|--------|
| | CEASED NAME | FIRST | MIDDLE | L | AST | 20 DA | E OF DEATH | MONTH DA | AY YEAR | 2b. HOL | JR. |
| (IIIFE | | OROTHY | MARY | MART | | | JUNE | 25 | 1987 | 210 | |
| 3. SE) | _ | 1 | RACE | 5. DATE O | F BIRTH | | (IN YEARS LAST BIRT | | FUNDER 1 YEAR | IF UNDER | MIN. |
| | F. | | W. | 8/ | 14/24 | 6 | 2 | YRS. | | | |
| ₹a. BII | RTHPLACE (S | TATE OR FOREIGN 7 | b. CITIZEN OF WHAT COUN | MARRIE | NEVER MARRIED | 9 BALT | IMORE CITY O | R COUNTY (| OF DEATH | | |
| di | retim | ne | | WIDOWE | | | ANNE A | RUNDEL | COUNT | Y | MD. |
| 10 Ei | GLEN E | | NAME OF HOSPITAL, N (15 NOT IN SUCH FACILITY, GIVE NORTH ARUN | | | | UAL OCCUPATE WORK FOR MOST O Mama | | 12b. KIND (| | ESS OR |
| 130 5 | | (IF NURSING HOME OR OF 13b COUNT | THER INSTITUTION, GIVE RESIDENCE | BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS YES NO 13. MOTHER'S MAIDEN | 13 | EET ADDRESS | ZIP GODE | Pass Md. | 311- | 72 |
| 9 | VAS DECEASE AS, NO OR UNKNO | DEVER IN U.S. ARM | EDFORCES? 16b SOCIAL WAR OR DATES) 216-1 | SECURITY NO. | 17 INFORMANT Richard | UM | sten! | 137 CL | reef ? | B3 XIMATE INTE | 3 |
| N | gove rise couse (o), underlying | if ony, which to immediate stating the couse last. | DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) | SEOUENCE OF | NOT RELATED TO THE | TERMINAL DI | MINAL DISEASE OR CONDITION GIVEN IN PART 110 | | | | |
| CERTIFICATION | 190 DATE OF | OPERATION | 19b. CONDITION FOR V | VHICH OPERATIO | N WAS PERFORMED | 20a | AUTOPSY? | | WERE FIND | | |
| FF | | | | | | YES | ПоиП | YES | ING CAUSE | NO [| |
| | OR CONTRIBUTE | WAS UNDERLYING ON CAUSE OF DEAT | 21b. TIME OF INJURY HOUR A.M. MONTI | H DAY YEAR | 21c. HOW INJURY OC | CURRED (EN | RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) | | | | |
| MEDICAL | 21d. INJURY C | NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, C | DEFICE, FARM, ETC.) | 21f LOCATION STREET | | CITY OR TO | WN | COUNTY | | STATE |
| | 22a. I certify that (1) (this hospital) attended the deceased from, 19, to, 19, that (1) (we sow the deceased alive on, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes state above, (1) (we) (did) (did not view the body after death. | | | | | | | | , | | |
| | 22b, SIGNATU | IRE LA | | | | | CAL STAP | | 22t. DATI | E SIGN E D | |
| 1 | | N'S NAME (TYPE OR | | | 22e ADDRESS | 7845 C | AKWOOD MARYLA | | | 200 | |
| 23o E | BURIAL CREMA | ATION, REMOVAL | 23h. DATE | 23c NAME OF C | EMETERY OF CREMATO | DRY 234 | OF ATION O | | -1/ | 2 | \ |

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S GNATURE 1

DHMH - 16 60M 7/84

(VRA 15, 4)

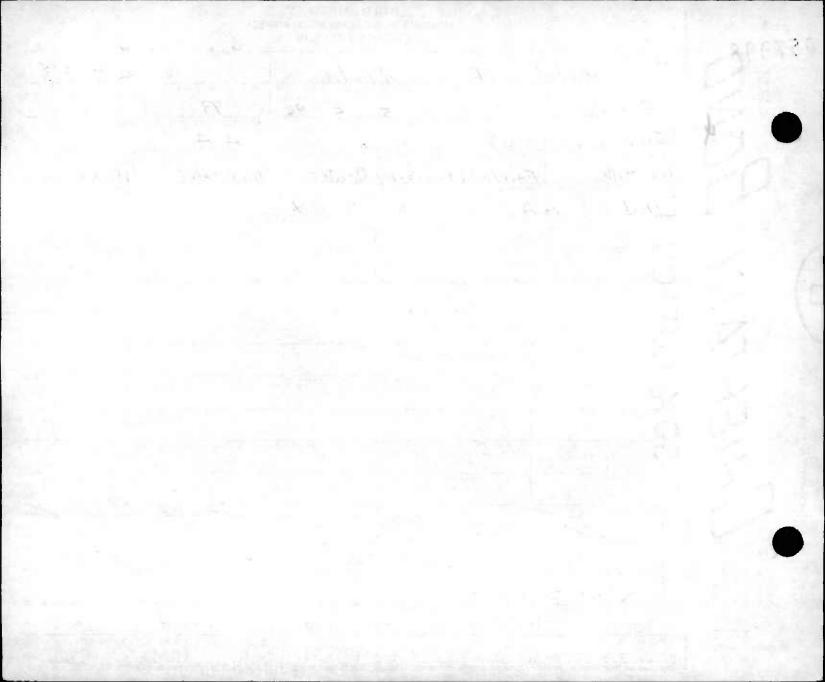
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pages? Pages 1 and 2 should be filed within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be patified by drage.

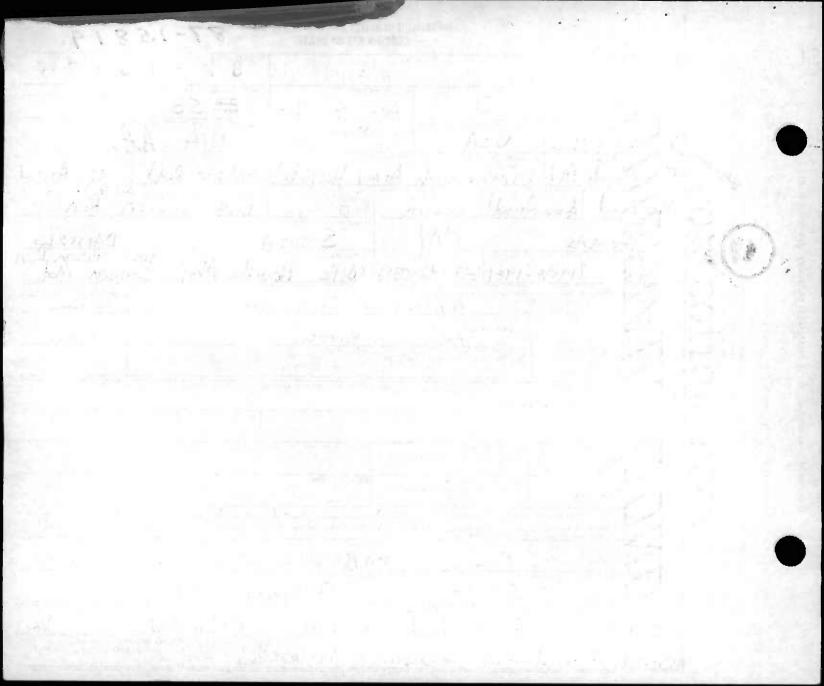
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| | | | | STATE OF MARTLAND | | | |
|----------|---------------|---|--|-----------------------------|--|---|---------------------------------------|
| | 1. | FOR STATE | DEPAI | TMENT OF HEALTH AND MEN | | | |
| | , | REGISTRAR | | CERTIFICATE OF DEAT | TH REG. I | NO. 1 5 8 | 1 8 |
| | 1. DE | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH | MONTH DAY YEAR | 2b HOUR |
| | TIYPE | ORPRINT) | -1 T | mastal | | 6 20 87 | 955 |
| 100 | | MADE | | MARIN | 105 | | PM |
| | 3. SE | X | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST E | BIRTHDAY) IF UNDER 1 YEAR | |
| , | 3 | Female | 4) | 5 5 | 94 93 | YRS | |
| 2 | 7a. Bi | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTR | Y? 8 | - 9 BALTIMORE CITY | OR COUNTY OF DEATH | |
| 12 | 1 | COUNTRY) | 115 | MARRIED NEVER MARK | | , | |
| | 10.0 | TY OR TOWN OF DEATH | 11 NAME OF HOSPITAL NILIP | WIDOWED DIVORG | | TION TION VINIO | OF BUSINESS OR |
| 7 | 0 | .1 | (IF NOT IN SUCH FACILITY, GIVE STR | | (TYPE OF WORK FOR MOST | TOF WORKING LIFE) INDUSTR' | |
| U | | SII WELVE | FAIYFIELD MU | 451N9 CENTER | HOME MAKE | er Hou | senold |
| 31 | USU, | AL RESIDENCE (IF NURSING HOME OF | OR OTHER INSTITUTION, GIVE RESIDENCE BET | | IMITS? 13e.STREET ADDRESS | 2 / 710 CODE | 112- |
| 1 | 100.0 | md A | EDGEWA | YES NO | P.O. BOX | 296 | 1031 |
| | 14 F | ATHER'S NAME | 7 77 | 15. MOTHER'S MA | | | |
| 7 | | FIRST | MIDDLE LAST | FJRSI. | | KIDW | ΔΉΤ.Τ. |
| med. | | | HENRY MARTI | | | | |
| 1 | | VAS DECEASED EVER IN U.S. A | ARMED FORCES? 166 SOCIAL SE | CURITY NO. 17 INFORMANT | P ^D D | PO: BOX 296 | |
| 1 | 1 | NO | 578-09 | -0317D Cather | ine Dixon Ed | gewater, M | ID 21037 |
| | | THE CALISE OF DEATH (Fator of | only one couse per line for (a), (b), | and is | 0 0 11 | APPRO | DXIMATE INTERVAL N ONSET AND DEATH |
| | 7 | PART I. DEATH WAS CAUS | | Mantau l | The of the state o | BEI WEE | NONSEI AND DEATH |
| | 4. | IMMEDIA | ATE CAUSE (o) | me DENVINCE | wyers | | |
| roumotic | -7. | | DUE TO, OR AS A CONSEC | DUENCE OF | | | |
| | .0 | Conditions, if any, which | (b) | Incu | U | | |
| | 5 | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEC | NIENICE OF | | | |
| | 34 | underlying couse lost | DOE TO, OR AS A COINSEC | VOENCE OF | | | |
| | | DART 2 OTHER SIGNIFICANT | (c) | O DE ATH BUT NOT BELLYED TO | THE TERMINAL DISEASE OF CO. | NIDITION CIVEN IN DART | 1 |
| | Z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING ! | O DEATH BUT NOT RELATED TO | THE TERMINAL DISEASE OR CO | NUMBER IN PART | 110 |
| | 5 | | | | | | |
| 3 | ŏ. | 190 DATE OF OPERATION | 196. CONDITION FOR WHI | CH OPERATION WAS PERFORME | D 20e AUTOPSY? | 20b. 1F YES, WERE FIND IN CERTIFYING CAUSE | ES OF DEATH? |
| 1 | TIE | A Section 1991 | | | YES NO | YES 🗌 | NO 🗆 |
| 3 | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | - HOLLO A MA MONITUL | | OCCURRED (ENTER NATURE OF IN | JURY IN ITEM 18 PART 1 OR PART 2 | |
| 1 | | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | | | |
| / | MEDICAL | 21d. INJURY OCCURRED | 21e. PLACE OF INJURY | 211. LOCATION | | 1 | |
| | ME | WHILE NOT WHILE | (AT HOME, STREET, FACTORY OFFI | | CITY OR | OWN COUNTY | STATE |
| | | AT WORK | | 200 | ,,,(| 1 57 | |
| | | | prial) ottended the deceased from | 1900 | 9 | 1100 1906 | , that (I) (we last |
| | | sow the deceased alive a | on 19 | , and that in (my) war | opinion death accurred on the | date and hour and from th | e sourer stated |
| | | 22b. SIGNATURE | not yiew the body giver death. | DEGREE | | 7% DA1 | PRIONED - |
| | | | , // // | nal ATTEN | NDING MEDICAL ST | AFF SU | Track! |
| 1 | | 1971 | | | ICIAN DIRECTOR PHYS | ICIAN [| /wac |
| 1 | | 22d, PHYSICIAN'S NAME (TYPE | 7 | 22e ADDRESS | | / | |
| 1 | 19 | Jon K | 7. Collect | | | | |
| - | 73n | BURIAL, CREMATION, REMOVA | | NAME OF CEMETERY OR CREM | AATORY 1236 LOCATION | | |
| | | [SPECIFY] | | | CITY OR TOWN | COUNTY | MI |
| | 24.5 | BURIAL | 6/25/87 H | ILLCREST CEME | | | MD |
| /84 | | UNERAL DIRECTOR | ADDRES | | 250. DATE REC'D. BY REGISTRA | IN 230. REGISTRAR'S SIGNA | ATURE |
| | H | ARDESTY FUNE | RAL HOME ANNA | POLIS MD | 111NO C 4007 | Ali Kadoni | Pandage, |
| | | | | | - JUNZ 0 1961 | U | |
| | | | | | | | |



| 0.010 | 1 - | STATE REGISTRAR | DEPAKI | CERTIFICATE OF DEATH | 87 REG. N | -15819 |
|--|---------------|---|---|---|---|--|
| oge 3 death | | CEASED NAME FIRST WILL | ie T. | MAY | 20. DATE OF DEATH | Ce 1358 1855 M |
| ge 4 mo) rectar. pa | 3. SE | m | 4. RACE B | 5. DATE OF BIRTH ANG 7 1933 | 6. AGE IN YEARS LAST BE | 3 YRS. IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| deoth. Po | क्र | RTHPLACE STATE OR FOREIGN COUNTRY) CONVILLE N. C | 7b. CITIZEN OF WHAT COUNTRY | WIDOWED DIVORCED | AIN. | DR COUNTY OF DEATH |
| 201 urs offer | Fe. | of Meade, No | (IF NOT IN SUCH FACILITY, GIVE STREE | Army Hospital | 120. USUAL OCCUPAT (TYPE OF YOR FOR MOST | ORWORKING LIFE) INDUSTRY ATMY |
| AND 21: | N N | aryland Anne | ROTHER INSTITUTION, GIVE RESIDENCE REFO NT 13c. CITY OR ON Sevice | VN 13d. INSIDE CITY LIMITS? YES \(\text{VES} \(\text{VES} \) | | SEVERN RUNCT. |
| MARYE TO MARYE |) | THOMAS | MIDDLE MASA | 15 MOTHER'S MAIDEN NA | MIDDLE ADDR | DANTELS |
| LTIMORE b rs rs | 160 V | (IF YES, GIV | rmed forces? 166 SOCIAL SEC Ve war or Da 1851 7-1981 337-46 | -0857 Wife - No | vella Mar | Severy Md. |
| ertificate b ng physicio bon paper's remaval. | | PART I. DEATH WAS CAUSE | nly one cause per line for (a), (b), o ED 8Y: TE CAUSE (a) | andral Intant | hin | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be recurs with 24 hours retificate has been signed by the ottending physician. When been signed by the ottending physicia nos the burial-transit permit. Then please remove carbon papers on the burial-transit permit. Then please remove carbon papers in hould be the and Mental Hygiene prior to burial, cremation, or removal. The statement of the property of the p | | Conditions, if ony, which gove rise to immediate | DUE TO, OR AS A CONSEQUE | way Entolin | | 1 hom |
| 201 W. Fes that the please re uriol, cren | | couse (a), stoting the underlying couse last. | (c) | DEATH BUT NOT RELATED TO THE TERM | NINAL DISEASE OR CON | NOTION GIVEN IN PART Line |
| w require been sign mit. Then prior ta bu | ATION | Glioblas | itoma | H OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED |
| VITAL REC NI: The law hysician. icate has be ransit permit Hygiene pri Hygiene pri 18 shaws an | CERTIFICATION | 21g. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY | 21c HOW INJURY OCCUR | YES NO | IN CERTIFYING CAUSES OF DEATH? YES NO NO |
| PHYSICIAN: T PHYSICIAN: T PHYSICIAN: T PHYSICIAN: A PHYSI | | OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) | HOUR A.M. MONTH | DAY YEAR | KED (ENTER NATURE OF INJU | DRY IN HEM 18 PART I ORPART 2) |
| DIVISION DING PHYS or ottendin se as the buy selfth and Met | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | FARM, ETC.) 211 LOCATION STREET | CITY OR TO | OWN COUNTY STATE |
| TTEND pital a TOR: A far use of Heal | | saw the deceased alive on | ot) view the bady after death. | 4)13 , 19 97 87 , ond that in (my) (our) opinion | , 10 | , 19 , that (I) (we) last date and hour and from the couses stated |
| ALOR AY the hosizat DIREC detached ofe Dept. | | 22b. SIGNATURE | & Bin | DEGREE MA ATTENDING PHYSICIAN [| MEDICAL STA | |
| O HOSPITAL retained by th TO FUNERAL should be dete with the Stote with AMPORTANT: It | | MICHAELS | J. B. RREN | 22e ADDRESS Pt Mla | ele Mi | 4 |
| BP | 230. 1 | BURIAL, CREMATION, REMOVAL PRITEY) BURIAL | 6-18-87 23c | HAME OF CEMETERY OR CREMATORY | 23d. LOCATION | AON-COUNTY SWA. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24. F | TARCH FULL | IERAL Hom | E 11012 Norse | PEC P EX RECISION | St. REGISTRANSSIGNATURE |



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DHMH - 16 60M 7/8

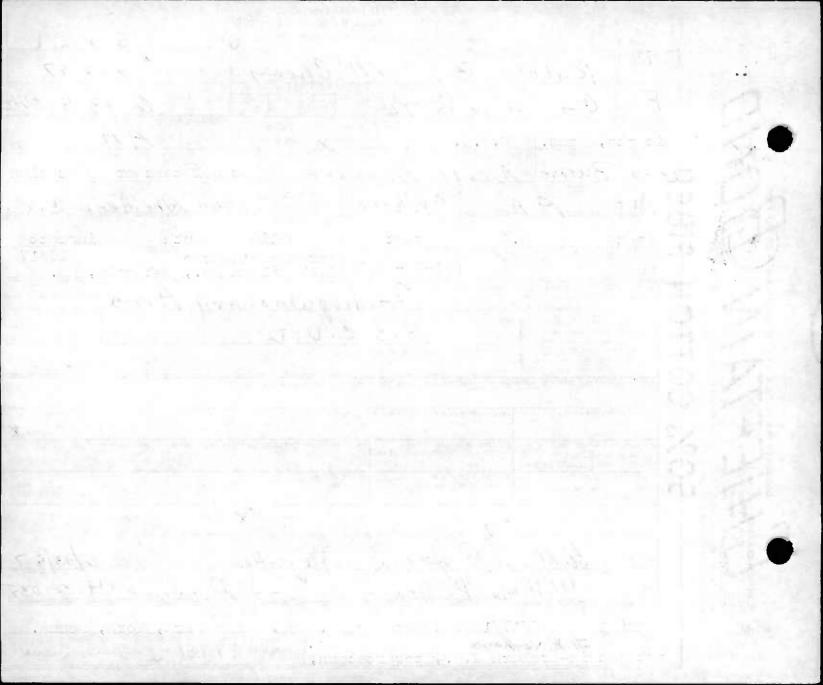
(VRA 15, 4)

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DED ADTREBUT OF REALTH AND REPORT AT HYGIPAP

| 8 | REG. N | 10. | 5 | 8 | 2 |
|------|--------|-------|-----|------|--------|
| TE O | FDEATH | MONTH | DAY | YEAR | 2b. HO |

| - | 1 - | STATE | | | DEFARI | | EALIN AND | MENTALHIG | IENE | Sec. | | 4948 | | |
|------------|---------------|---|---------------|------------------|-------------------------|-------------|---------------|-----------------|------------------|----------------|-----------------|-------------------------------|----------------|---------|
| O. | 39 | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | 8 | REG. NO | | 5 8 | 2 | U |
| | I. DEC | CEASED NAME | FIRST | (~) | AIDDLE | | AST | | 20. DATE OF | | ONTH | DAY YEAR | 2b. HOUR | 200 |
| | | OR PRINT) | Alne | 1001- | 1 11 | 1 m | n nn | 11 | 20. DATE OF | DEATH | OHIII | 4 | Zb. HOUR | |
| - | | / | MHK | IURIA | Kuth |)// | 14K+ | nur | | dur | 191 | 7 1927 | | ? M |
| | 3. SEX | X | | RACE | 7 (50) 11 | 5. DATE C | OF BIRTH | | 6 AGE (IN YE | | | IF UNDER 1 YEAR | IF UNDER 2 | 4 HRS |
| | | / | | | 1 | MONTH | | YEAR | | | | MONTHS DAYS | HOURS | MIN. |
| 4 | 1 | remale | | Whi | te | Nul! | 4819 | 925 | 10 | | YRS. | | | |
| 1 | 70. BII | RTHPLACE (STATE OR F | FOREIGN | L CITIZEN OF | WHAT COUNTRY | | | | 9. BALTIMO | RE CITY OR | COUNTY | Y OF DEATH | | |
| 4 | ~ | OUNTRY) | | 115 | \sim | MARRIE | | MARRIED 📙 | 0 | | 0 | 1 1 | | |
| | | ploraci | 5 | us | H | WIDOWE | 100 | NORCED [| HO | ne | Hru | mael | | MD. |
| - | 10. CI | TY OR TOWN OF DEA | ATH | | HOSPITAL, NURSI | | OR OTHER INS | TITUTION | 12a. USUAL C | | | | OF BUSINES | SSOR |
| (| 0. | on a coalis | c | 1 A F A | H FACILITY, GIVE STREE | | 1 | | 1 11 | FOR MOST OF | 1 2 | 11 | | |
| 444 | -11 | mapo 11: | 2 | 10301 | ake C | Jaire | On | 6 | How | e ma | -KPY | 1700 | ne | |
| 1 | 130. S | AL RESIDENCE (IF NURS | 13b. COUN | TY | 13c. CITY OR TOV | | 1 13d. INSIDE | TITY LIAATTS2 | 13e.STREET,A | DDDESS / | ZIR CODE | 21 | 401 | |
| 901 | | M 1) | 0 | 2 | 0 | 110 | YES T | NO NO | 1 | 1 1 | AT CODE | 1 | 101 | |
| No. of Lot | 14.54 | THER'S NAME | | | Honapi | 0112 | | | 110501 | ake | CICIT | LE Dr | ING | |
| | 14. FA | FIRST . | , | NDDLE | 1 LAST A | | IS. MOTHER | S MAIDEN NAM | WE | WIDDLE | | - 14 | e T | |
| | | Ralah | | (2 | - wtm.d | re. | 0 | P551'6 | 2 | MIDDLE | | Sac | te | |
| - | 16a \A | VAS DECEASED EVER | INITIS ADA | AED EODCESS | 16b. SOCIAL SEC | INTY NO | 17. INFORMA | | | ADDRES | d | 000 | 2 | |
| 8 | | (ES, NO OR UNKNOWN) | | WAR OR DATES) | 100. SOCIAL SEC | DESTINO. | 17. INFORM | AINT | | ADDIE | 1.3, | DOX 1 | 96 | |
| | | IVU | - | | 524-24 | -4782 | Micho | 10 (1 /9) | JOHNA | nur-s | alis | burit | 1 CCIN | 201 |
| | | | | - | 213 | | THETA | .0.12.11 | | 1 00 1 - 0 | Addition | 1 45000 | HA ATE INITEDV | 00. |
| | | PART I. DEATH W | H (Enter onl | y one couse per | line for (0), (b), o | nd ICI.1 | SIMA | alcem | 10 | | | BETWEEN | CIMATE INTERV | EATH |
| | | TAKE IS DEATH W | | CAUSE (o) | | 1 | Shen C | ullem | 14 | | | Im | ont | |
| | - 1 | | | | | | 0 | | | | | | | |
| | | | | DUE TO, OI | R AS A CONSE O L | JENCE OF | LOC. 21/1/0 | eut Na | 2000/10 | NIAR | nl | 21 | 1 | 10 |
| | | Conditions, if ony, | | ((b)_ | | | ICOVVE | 2001 /00 | adjuda | TUGE | u | 20 | 1 year | 17 |
| | | gove rise to imn | | 3 | | | | | COU | reinou | ua | | | |
| | | underlying couse | | DUE TO, OF | R AS A CONSEOL | JENCE OF | | | 6-40 | | | 2.7 | | |
| | | | | (c) | | | | | | | | <u> </u> | | |
| | | PART 2. OTHER SIGN | VIFICANT C | ONDITIONS CO | INTRIBUTING TO | DEATH BUT | NOT RELATED | TO THE TERM | INAL DISEASE | OR COND | TION GIV | EN IN PART 1 | 0. | |
| | CERTIFICATION | | | | | | | | | | | | | |
| - | Ē | 19n. DATE OF OPERAT | TION | TION CONDI | TION FOR WHICH | U OBERATIO | NI MAKE BEDEC | 201450 | Too AUTO | ncva I | net IF VE | E MERE EINIG | | |
| | 0 | 170. DATE OF OPERAT | IION | 170 CONDI | TION FOR WHICH | H OPERATIO | N WAS PERF | DKWED | 20s AUTO | 1312 | IN CERTIE | S, WERE FINDI FYING CAUSES | NGS USED | 12 |
| L | Ŧ | - | | | | | | | YES 🗇 | NODE | | s 🗆 | NO. | |
| | H. | 21g. ACCIDENT WAS UND | DERLYING T | 21b. TIME O | FINJURY | | 121r HOW IN | JURY OCCURR | PED (ENVERNATION | THE OF PUBLISH | Ib. ITE 44 10 0 | 0 A D T 1 O D D A D T 2) | 0 | |
| 7 | | OR CONTRIBUTING | , – | 110110 4 | | AY YEAR | | | (Elelekter) | ONE OF HAJOR! | NA HEW 10 P | ART OR PART 2) | | |
| 1 | S. | (IF EITHER, NOTIFY MEDIC | | P./ | M. | 19 | | | | | | | | |
| | MEDICAL | 21d. INJURY OCCURR | RED | 21e PLACE | OF INJURY | | 211 LOCATI | ON | | | | | | |
| | W | WHILE I NOLWH | | (AT HOME, STR | EET, FACTORY, OFFICE, | FARM, ETC) | STREE | T | | CITY OR TOW | 4 | COUNTY | STA | ATE |
| - | | AT WORK NOT | RK | | | | 1- | 071 | | | | cen | | |
| | | 22a.1 certify that (1) | (this hospit | ol) ottended the | deceosed from | (| 0129 | 19 86 | to | 6/18 | | 1907 | that (1) (we | e) lost |
| | | saw the decease | ed alive on | 61 | 19 | 87- 0 | d that in (my | (our) opinion o | death accurred | on the date | and how | r and from the | | |
| | | sbove_(l) (we) (d | fid) (did not | view the body | after death. | | | (dor) opinion c | acom occurred | on the don | ond nou | ond from the | couses store | ed |
| | | 776 SIGNATURE | | ((| | 1 | DEGREE | | | | | 22c. DATE | SIGNED | |
| | | Du | MIT | C. 20 | VMILL | 1.14 | | ATTENDING | MEDICAL | STAFF | | 61 | 19187 | - |
| - | | | | 1 | 20000 | 1000 | | PHYSICIAN | DIRECTOR | _ PHYSICIA | N | | 1110, | |
| 0 | | 224 PHYSICIAN'S NA | AME (TYPE OF | | . , | | 22e. ADDRES | SS | | . 4 | | | | 11/1 |
| | | Stuaut | E | Selou | ch, m | .0. | 101 | =vaull(| (in St | AL | MAGG | Polis, 4 | id, 41 | 044 |
| | | | | | | | | | 0 0 | | co ag | CM3/ | | 1 |
| | 23a B | URIAL, CREMATION, | REMOVAL | 23b. DATE | 23ε. | NAME OF C | EMETERY OR | CREMATORY | 23d. LOCAT | | | | | *** |
| | (| LOOK of | inn | June 2 | 01987 (| 2 por | r. 11 ~ | 1 | Canad | RIOWN | | OC | MITSIA | ME |
| | 24 FU | INERAL DIRECTOR | WIL | MAILES | 3.1011 | -E. C. C. | 1 1111 | 125- 04-5 | DECID DY | CISTO | 1 00000 | 1-62 | III | |
| | 1 | NAME | ^ | | ADDRESS | | | 250. DATE | E REC'D. BY RE | GISTRAR 2 | b. REGIST | KAR'S SIGNA | TUPE | |
| 1 | 10 | uloriun | eral | Chape | | polis. | MI | 76164 | 10 K 400 | 17 Ch | un dia | RAR'S SIGNA | - | |
| 1 | 11 | 1 | | - Time | -1711100 | | 7.150 | - 301 | TAU B | H O | | | | |



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH mc Kelser Middle 2g. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME (Type or print) Mcloeve coma Stat 4. RACE IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH lost birthday) HOURS MONTHS CAYS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED CATOLINA AMERICO WIDOWED OIVORCED 12o. USUAL OCCUPATION (Kind of work dane ID. CITA OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 12b. KIND OF BUSINESS OR Moustry during mast af warking life, even if retired.) PRESTON STREET, BALTIMORE, MARYLAND 21201 uick motor 21401 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY NO YES 🗀 IS MOTHER'S MAIDEN NAME First 44. FATHER'S NAME First Middle FANNIQ 19 mes 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) elec-CAUSE OF DEATH (Enter only one couse per line for id PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) permit 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Oov Yeor (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.O. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while ot work at work L 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased glive on 19 and that in 1980, ta 0 20 and that in (my) (our) opinian death accurred an the date and haur and from the saw the deceased alive on 6/16 TTENDING e) (dfd) (did not) view the body after death ATTENDING MED. DIRECTOR 22e. ADDRES PHYSICIAN'S NAME (Type) FUNERAL hould be should be of Health 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M (VR A15 (4))

TY WENT ON The same of the sa BUT THE STREET OF STREET STREET

| | 1 | STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH | 5 8 2 3 |
|--|-----------------------|--|--|
| hours ofter death. Page 4 may be in by the funeral director, page 3 the filed within 72 hours after death congreted of once. | 3. SE 70. 8 | CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH COUNTRY ARCE S DATE OF BIRTH DAY PEAR OF COUNTRY ARRIED NEVER MARRIED NEVER | VDEL M 126. KIND OF BUSINESS OF E) INDUSTRY SERVICE |
| e executedanithio 24 In ond Caralless Hite Pages | 14. F | ATHER SHAME ATHER SHAME MIDDLE LAST MIDDLE FIRST MIDDLE LAST MIDDLE FIRST MIDDLE MIDDLE FIRST MIDDLE FIRST MIDDLE MIDLE MIDLE MIDLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE MID | Cove |
| quires that the death certificate be execusing the offending physician and then please remove carbonopaers. Pages to burial, cremation, or removal. | NO | 18 CAUSE OF DEATH Enter only one cause per ling for this, and ict. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS TONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS TONSEQUENCE OF Underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE | APPROXIMATE INTREVAL BETWEEN ONSET AND DEATH Several gran 11 11 11 EN IN PART 110 |
| DING PHYSICIAN: The low requi or otherading physician. After this certificate has been sig- ie as the burial-transit permit. The oth and Mental Hygiene prior to dith and Mental Hygiene prior to marked or them 18 show cony injur | MEDICAL CERTIFICATION | | |
| TO HOSPITAL OR ATTENITY OF THE PROSPITAL OR ATTENITY OF FUNERAL DIRECTOR: should be detached for us with the State Dept of He IMPORTANT: if Item 21 is | 230 | sow the deceased office on the date and hour obove, (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | |
| BP | 24 5 | remation June 12 187 Cedar Hill Suttant UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGIST | RAR'S SIGNATURE |

Taylor Funeral Chapel-Annapolis MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

English a few or comment of the first that the harmony and the second of the second of

ctor, page 3 after death

STATE OF MARYLAND

| 8 / REG. N | ١٥. | 5 | ਰੇ | 2 | 999 |
|---------------|-------|-----|------|----------|-----|
| DATE OF DEATH | HINOM | DAY | YEAR | 2b. HOUR | |

| | STATE REGISTRAR | DE | | EALTH AND MENTAL H | 8 | EG. NO. | 5 8 | 2 4 | |
|----|---|--|--|-------------------------------------|-----------------------------|-------------------------------|---------------------------------|----------------|--|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) Jose] | ph | F. | Moran | 20 DATE OF DE | June 7, | | b. HOUR | |
| l | 3. SEX Male | 4. RACE White | JULY | | 6 AGE (IN YEARS | LAST BIRTHDAY) WASTER THOMAS | | F UNDER 24 HRS | |
| | BIRTHPLACE (STATE OR FOREIGN Maryland | 76. CITIZEN OF WHAT COU U.S.A. | MARRIEI | | | Anne Aru | ndel | MD. | |
| | Glen Burnie | North Arunde | 1 Hospita | | Merchan | TUPATION MOST SEAMAN | | ng. | |
| N. | | | CE BEFORE ADMISSION) OR TOWN OVER | 13d. INSIDE CITY LIMITS YES NO 🔼 | | ress/zipcope ace Road | 21076 | | |
| | Joseph | MIDDIE | főran | 15. MOTHER'S MAIDEN Estel | le | DDLE | | nze | |
| | 160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GP | | 16-6226 | Terrence I | | AWestmins 269 Sykes | ville Ro | oad | |
| | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA | 18 CAUSE OF DEATH lEnter only ane couse per line for iol, (b), and ich part I. DEATH WAS CAUSED BY: Acute cardio-pulmonary arrest IMMEDIATE CAUSE (a). | | | | | | | |
| | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2, QTHER SIGNIFICANT | gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, ORAS A CONSEQUENCE OF arrhythmia | | | | | | | |
| 7 | HO CONGEST | ive neart | hear t failure Ondition for which operation was performed | | | ? 20b. IF YES, | , WERE FINDING YING CAUSES O | | |
| 1 | | HOUR A.M. MON | TH DAY YEAR | 21c. HOW INJURY OCC | URRED (ENTER NATURE | OF INJURY IN ITEM 18. PA | ART 1 OR PART 2) | | |
| | OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK NOT WHITE AT WORK AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, | E /1 7 | 21f. LOCATION STREET | CI | Y OR TOWN | COUNTY | STATE | |
| | 220.1 certify that (1) this hasp sow the deceased alive or obave (1) we) (did) (did no | itol) attended the deceased | 19, an | d that in (m) (aur) apıni | ion death accurred ar | the date and hour | | | |
| | | m, lung | M. | | MEDICAL DIRECTOR | | 6/8 | 187 | |
| | Soon Ja Kin | n, M. D. | | El | 08 Main kridge, | | 27 | | |
| | 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 6/10/87 | Cedar | EMETERY OR CREMATOR Hill Cemete | ry 234 LOCATIO ry Bállti | | county A. | ·Ma | |
| | George J. Gonce | +001 Ritchie | Highway E | Balto Md 250.1 | DATE REC'D. BY REGI | STRAR 256 REGISTE | RAR'S SIGNATUR | RE | |

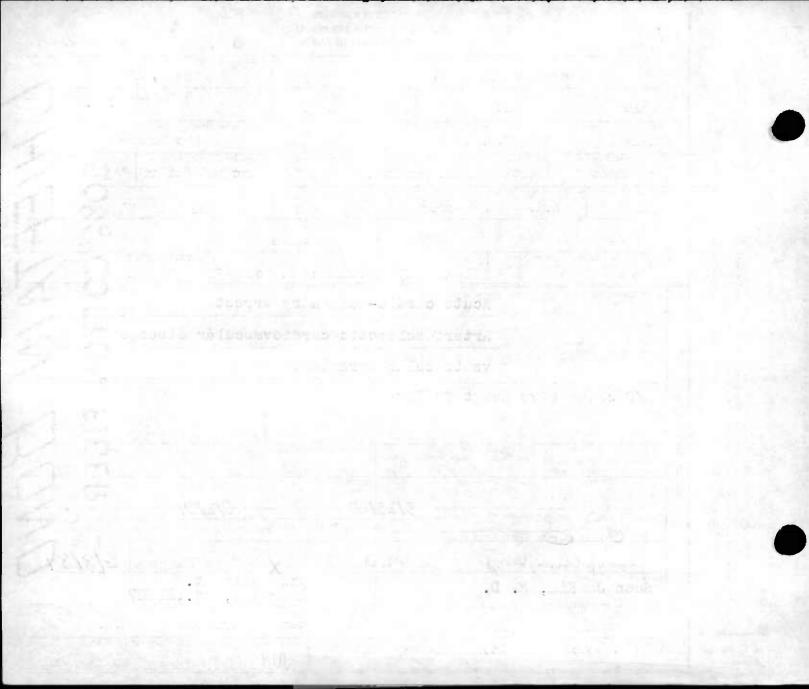
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coimplifit should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 art with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed retained by the hospital at attending physician.

JUN9 1987 Autra Nevidson Pandales



TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

MPORTANT: If Hen(A) is marked or Item A8 shows any injury, or other troumatic event, thermedical examine TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and comp should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

| S | T | A | TE | OF | M | ARYL | AND | |
|---|---|---|----|----|---|------|-----|--------|
| _ | | _ | | | | | D | ٠. |

| REG. NO. | W. Mahry S. | 5 | 8 | 2 | 4 |
|----------|-------------|---|---|---|---|
| | | | | _ | _ |

| y. | STATE REGISTRAR | CERT | IFICATE OF DEATH | 8 / REG. NO. | 5 8 2 5 | | |
|---------------|--|--|---|---|---|--|--|
| | CEASED NAME FIRST | T. More | eton | 20 DATE OF DEATH MONTH | 27-87 26 HOUR 4 10:44 | | |
| 7. SE | IRTHPLACE (STATE OR FOREIGN | White Apr | cil 25,1903 | 6 AGE (IN YEARS LAST BIRTHDAY) YRS. 9 BALTIMORE CITY OR COUNT | MONTHS DAYS HOURS MIN. | | |
| No | LW Hampsbire | MARR WIDOV | | 0 0 | ndel MD. | | |
| A | nnapolis | ALE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | neralHospital | (TYPE OF WORK FOR MOST OF WORKING | | | |
| 130 | TATE 136 COUNTY ATHER'S NAME | | 13d. INSIDE CITY LIMITS? YES NO STANDEN NA/ | 13. STREET, ADDRESS / ZIP COL | 21012 | | |
| (| Charles C | eorge Morton MED FORCES? 1166 SOCIAL SECURITY NO | Victor | MIDDLE ADDRESS | Charron | | |
| | es 1919 | 1949 212-54-985 | 3 Margaret | V. Morton- | Same as #13 APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH | | |
| 7 | PART I. DEATH WAS CAUSE | Ily one couse per line for (0), (b), and (c). D BY: IE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF | aly amest | | Minutes. | | |
| 7 | gove rise to immediate couse (a), stating the underlying couse last: PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONSEQUENCE OF (c) Unfully CONDITIONS CONTRIBUTING TO DEATH BE | intentition for | have filmer | Years IVEN IN PART 110 | | |
| CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERAT | ION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO | | | |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | | R | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) | | |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE | | |
| | sow the deceased alive an above, (1) (we) (did) (did no | rol) gitegded the deceosed from 19 37. | | deoth occurred on the date and ha | | | |
| | 224 PHYSICIAN'S NAME (TYPE O | reh. | DEGREE ATTENDING PHYSICIAN 22e ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 6/29/27 | | |
| 22- | Gerard C BURIAL, CREMATION, REMOVAL | burch M.D | REVENCE CEMETERY OF CREMATORY | Rd. Severna | Park. MD 21146 | | |
| 230 | BUTLAN REMOVAL | | ston National | Advactor A | Linda VA | | |
| 21 E | HINERAL DIRECTOR | Z/ Chan knew Hum | m/s/4/ 25a PN | RECO BY REGISTRAR 256 REGIS | TRANSPIGNATURA JAMA | | |

DHMH - 16 60M 7/B4 (VRA 15, 4)

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filled in by the funeral di ild be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with

retained by the hospital or attending physician.

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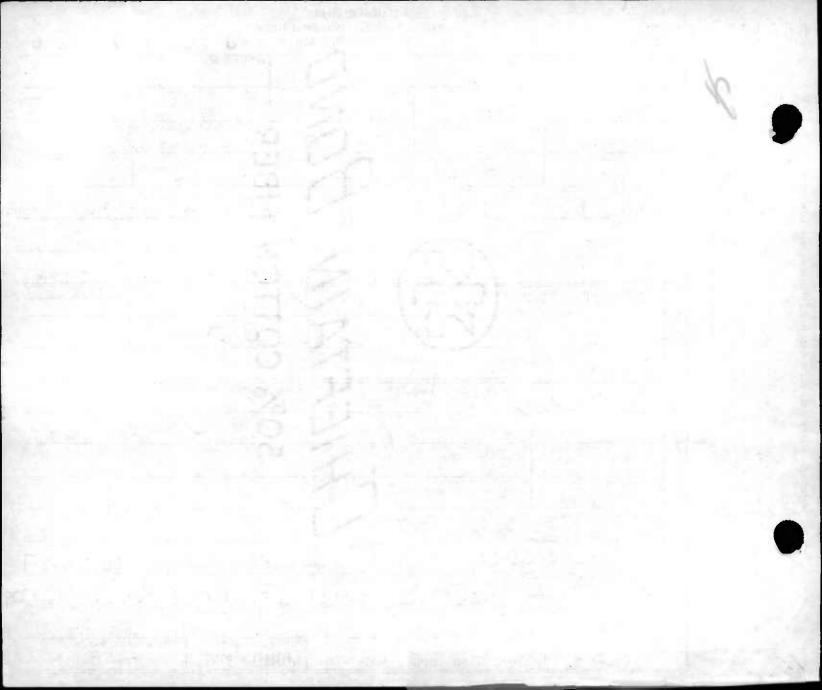
DHMH - 16 60M 7/84 (VRA 15, 4)

| STATE | OF I | MARY | LAND |
|-------|------|------|------|
| | | | |

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 8 R/G. | NO. | 1 | 5 8 | 2 | ć |
|--------------|-------|-----|------|---------|---|
| ATE OF DEATH | MONTH | DAY | YEAR | 2b HOUR | 1 |

| | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | 3 0 2 0 |
|----------------------|--|--|--|---|---|
| 1 | I. DECEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
| 6 | Ida | G. | Morton | June 5, 1987 | 5.30 % |
| 3 | 3. SEX | 4 RACE | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| | / Female | Black | Jan. 1, 1890 | 97 YRS. | MONTHS DAYS HOURS MIN. |
| 80 | To BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | RARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| 2/ | Baltimore, MD | USA | WIDOWED X DIVORCED | Anne Arundel C | County MI |
| 0/ | 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTHER INSTITUTION | 126. USUAL OCCUPATION | 12b. KIND OF BUSINESS OF |
| | Glen Burnie | Arundel Geriat | rics & Nursing Cent | | |
| 27/ | USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136, COU | ROTHER INSTITUTION GIVE RESIDENCE BEFO | ORE ADMISSION) WN 13d, INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP COD | E |
| 1 | Maryland | Baltimo | | 1002 West Lany | ale Street 21 |
| | 14 FATHER'S NAME FIRST | MIDDLE LAST | 15. MOTHER'S MAIDEN NA | AME | |
| 8/6/ | James | Goldr | | Princip | Butler. |
| - dico | (YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? 166 SOCIAL SEC | CURITY NO. 17 INFORMANT | ADDRESS | |
| a a | No | 577-10- | 6316 D Viola Gray. | 1100 Bolton Str | eet. Baltimore |
| 1 | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one couse per line for tall this o | | 4 / . | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| ever | | TE CAUSE (o) | MINORATOR | 100 | |
| otic | | DUE TO, OR AS A CONSEQU | DEPOSE OF MILE | 1200 | |
| 0.0 | Conditions, if ony, which | (10) | M. CH US | LOS 1 | |
| her | couse (o), stoting the | DUE TO, OR AS A CONSEQU | UENCE OF | | |
| to L | underlying cause lost. | (0) | 7 | | |
| ury, o | Z PART 2 OTHER HOME CANT | CONTINUE CONTRIBUTING | DEATE BUT NOT SHATED TO THE TER | MENAL DISEASE OR CONDITION GIV | VEN IN PART To |
| iu A | OL N DATE OF OPERATION | TIN CONDITION WHICH | SECOND OF OCCUPANTS | Too Property Short in we | S WEST EN IS NOT |
| 200 | NOTE OF OPERATION 210. ACCIDENT WAS UNDERLYING | THE CONDITION WHIC | H OPERATION WAS PERFORMED | IN CERTI | S, WERE FINDINGS USED FYING CAUSES OF DEATH? |
| Š. | 710. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | Tel- How himsy occur | | ES NO |
| -/ > | OR CONTRIBUTING CAUSE OF DE | | DAY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 | PART T OR PART 2) |
| 3/ | (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | P.M. 21e PLACE OF INJURY | 19 21f 10CATION | | |
| ° P | | (AT HOME, STREET, FACTORY, OFFICE | | CITY OR TOWN | COUNTY STATE |
| y or | AT WORK AT WORK | | 0(| 6/4 | -67 |
| .52 | sow the deceased alive or | ital) attended the deceased from | () [] | . 10 | 19 that (I) (we) los |
| m 21 | obove (1) (we) toid) (did no | ot) view the body ofter death. | | death occurred on the date and hou | |
| # # | 22b. SIGNATURE | 1020 | DEGREE ATTENDING | MEDICAL STAFF | 22c. DATE SIGNED |
| Ž | 22d. PHYSICIAN'S NAME (TYPE | 200 | PHYSICIAN [| DIRECTOR PHYSICIAN | 06-05-8 |
| NRTA / | 270. PHYSICIAN'S INAME (TYPE) | A M | 22e ADDRESS | Endow's T | DIP II N |
| IMPORTANT: If Item 2 | TUMOIT | Jay 050, 11 | D. DAIIDIA | mederich * | 10, Douto 04 |
| 2 | 230. BURIAL, CREMATION, REMOVAL | | NAME OF CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY STATE |
| - | Cremation | June 6,1987 S | Security Process, I | | Baltimore MD |
| 7/84 | 24. FUNERAL DIRECTOR | ADDRESS | 100 | TE REC'D. BY REGISTRAR 25b. REGIST | |
| | James S. K | irklev. Glen Bur | rnie, MD | N9 1987 Julia D | cordern Randallo |



signed by the ottending physician and completely Then pleose remove corbon popers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the hospital or attending physician ATTENDING

TO HOSPITAL OR

BP.

injury, or other troumatic

IMPORTANT: If them 21 is morked or Item 18 shows ony

deoth certificate be

STATE OF MARYLAND

| II | 8 | I REG. 1 | 10. | 5 | 8 | 2 _F | hr |
|----|--------|----------|-------|-----|------|----------------|----|
| 1 | DATE O | FDEATH | MONTH | DAY | YEAR | 2b. HOUR | ١. |
| | 700 | F1 5773 | | | | | |

| STATE REGISTRAR | | | CERTIFIC | ATE OF DEATH | S | REG. NO. | 1 5 | 3 | 2 For |
|-------------------------------|---------------------------|--|---------------------------------|--------------------------------|----------------|-----------------------------------|---------------------------------------|----------------------|-----------------|
| I. DECEASED NAME | FIRST | MIDDLE | LAST | | 20 DATE | OF DEATH MON | NTH DAY | YEAR | 2b. HOUR |
| (TYPE OR PRINT) | LTER | S | MUELL | ED | 1 | TINE | 26 | 1987 | 7 00 TM |
| 3. SEX | | RACE | 5. DATE OF | BIRTH | | YEARS LAST BIRTHDA | | DER I YEAR | IF UNDER 24 HRS |
| 100 | | | MONTH | DAY YEAR | | | MONIF | HS DATS | HOURS MIN. |
| Male 70. BIRTHPLACE (STATE | | White CITIZEN OF WHAT C | 5 | 03 09 | O RAITIAA | ORE CITY OR C | OUNTY OF | DEATH | |
| COUNTRY) | ON FOREIGN / | CITIZEN OF WHAT | MARRIED I | NEVER MARRIED |] PALIIM | OKE CITT OK C | CONTROL | PERMIT | |
| | | | WIDOWED | | | ANNE ARI | | COUNT | |
| 10 CITY OR TOWN OF | DEATH | I. NAME OF HOSPITA (IF NOT IN SUCH FACILITY | AL, NURSING HOME OR | OTHER INSTITUTION | | LOCCUPATION ORK FOR MOST OF WO | | 26 KIND O NDUSTRY | F BUSINESS OR |
| GLEN BU | RNIE | | RUNDEL HOSPI | TAL | | entist | | | rmacv |
| USUAL RESIDENCE (#F | NURSING HOME OF O | | | 3d. INSIDE CITY LIMITS? | to cross | ADDRESS / ZI | D CODE | | 2101 |
| | Jan Court | 14 | | YES NO 🔯 | 421 | | | 9 | 1100 |
| Md 14. FATHER'S NAME | | Gle | n Burniel | MOTHER'S MAIDEN N | | Burwoo | M AVE | 3 Dille | |
| FIRST | MI | DDLE | LAST | FIRST | , | MIDDLE | | LAS | ,T |
| Everett | | | | Ruth Str | achen | ADDRESS | | | |
| 160 WAS DECEASED EN | VER IN U.S. ARM | VAR OR DATES) | CIAL SECURITY NO. 1 | 7 INFORMANT | | ADDRESS | | | |
| | | 214 | -01-8676 | N. Arunde | 1 Hosp | oital | | | |
| PART 2 OTHER S | ouse lost. | (c) | ONSEQUENCE OF | OT RELATED TO THE TEI | RMINAL DISEA | ISE OR CONDITI | ION GIVEN I | N PART 110 | 0 |
| 190 DATE OF OPE | ERATION | 196 CONDITION F | OR WHICH OPERATION | WAS PERFORMED | 20a AU | | Ob. IF YES, WE N CERTIFYING YES | G CAUSES | |
| 00.00 | UNDERLYING CAUSE OF DEATH | 21b. TIME OF INJUR HOUR A.M. MI | ONTH DAY YEAR | 21c. HOW INJURY OCCU | URRED (ENTER | NATURE OF INJURY IN | ITEM 18 PART I | ORPART 2) | |
| (IF EITHER NOTIFY OCC | URRED | 21e PLACE OF INJU | JRY ORY, OFFICE, FARM, ETC.) | TI LOCATION STREET | n | CITY OR TOWN | 0 | COUNTY | STATE |
| sow the dec | eosed olive on | ottended the dece | eath. 19 , and | that in (my) (our) apinio | on death occur | red on the date | and hour one | d from the | |
| 226. SIGNATURE | ce | 25 | OP DE | GREE ATTENDING PHYSICIAN | | L STAFF | 7 🗆 | 22c DATE | SIGNED |
| 22d PHYSICIAN'S | NAME (TYPE OR F | R(III) | | 22e ADDRESS | 25 HOS | PITAL DR | RIVE,SU | JITE | 104 |
| 23a BURIAL, CREMATIC | | 23b DATE | 23¢ NAME OF CEA | METERY OR CREMATOR | Y 236/10 | CATION | 21001 | | |
| (SPECIFY) | J, NE//IOTAL | | | OR CREMATOR | | ITY OR TOWN | co | VINIY | STATE |
| Remo | oval | 6-26-87 | | 25. 0 | ATE DEC'D D | REGISTRAR 256 | DEC ISTO 40 | 'C CICNIAT | func |
| TAT TOTAL MALE DIRECTO | IS. | | | 1430 U | THE NEW D. DI | HEODINARIZED | REGISTRAK | DANIOR | UKE |

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(VRA 15, 4)

ADDRESS Anatomy Board

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FOR STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| -, | 2 |
|----------|-----|
| / | - 1 |
| REG. NO. | - |

| R | EG. N | 10. | 5 | 3 | 2 | 7 |
|-------|-------|-------|-----|-------|--------|-----|
| OF DE | ATH | MONTH | DAY | YE AR | 2b. HO | UR, |
| INE | 27 | . 198 | 7 | | 4: | 29P |

| | PECEASED NAME | FIRST | | AIDDLE | L | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR | |
|---------------|---|-----------------|------------------------|------------------|------------------------|---|--|----------------|-------------------|------------------------------------|--|
| | THE ON PRINT | FREE | ERICK | James | M | yers | JUNE 27 | . 1987 | | 4:29PM | |
| 3. S | SEX | 4. | RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BI | | IF UNDER 1 YEAR | | |
| | Male | | Whi | .te | Sept | . 3, DAY 1909 YEAR | 77 | YRS. | MONTHS DAYS | HOURS MIN. | |
| 70. | BIRTHPLACE (STATE OR FO | DREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY | OF DEATH | | |
| | Maryland | | USA | | WIDOWE | | ANNE ARI | INDEL | COUNTY | MD | |
| 10 | CITY OR TOWN OF DEA | TH 11 | | | | OR OTHER INSTITUTION | 120 USUAL OCCUPAT | | | OF BUSINESS OR | |
| | GLEN BURNIE | | NORT | H ARUNDEL | HOSF | PITAL | Self-Empl | oyed | Farme | r | |
| 13e | UAL RESIDENCE (IF NURSI STATE (aryland | 136 COUNTY | | 13c. CITY OR TOW | | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 7943 Quar | / ZIP CODE | eld Roa | d 21144 | |
| 14. | FATHER'S NAME | | | | | 15. MOTHER'S MAIDEN NA | | | | | |
| | Abraham | MIE | DDLE | Myers | | Marie | MIDDLE | | Hum | mel | |
| 160 | WAS DECEASED EVER | | | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT (W: | ife) ADDR | ESS | | | |
| | (YES, NO OR UNKNOWN) NO | (IF YES, GIVE W | AR OR DATES) | 217,07.10 | 004 | Ruth Z. Myer: | s O | | Same as | #13 | |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO OR AS A CONSEQUENCE OF | | | | | | | | m . | | |
| NO | | IFICANT CO | nditions <u>co</u> | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | IDITION GIV | EN IN PART 1 | 0 | |
| CERTIFICATION | 190 DATE OF OPERAT | ION | 19h COND | TION FOR WHICH | OPERATIO | n was performed | 200 AUTOPSY? 20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D | | | | |
| | OR CONTRIBUTION C | AUSE OF DEATH | 21b. TIME O HOUR A. | M. MONTH DA | Y YEAR | 216 HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | IRY IN ITEM IB | PART I OR PART 2) | | |
| MEDICAL | 21d. INJURY OCCURRED 21d. PLACE OF INJURY IAT HOME STREET FACTORY, OFFICE, F AT WORK | | | ARM, ETC | 211 LOCATION STREET | CITY OR TO |) wu | COUNTY | STATE | | |
| l, | sow the decease | d olive on | Ju | MC 19 6 | 17,01 | nd that in (my) (our) opinion | deoth occurred on the d | lote and hou | | that (h (we) lost causes stated | |
| | Di Signa Day | 900 | wh | 1 | | DEGREE ATTENDING PHYSICIAN 122e ADDRESS | MEDICAL STA | | 22c. DATE | 29-8 | |

DHMH - 16 60M 7/84 (VRA 15, 4)

23e BURIAL, CREMATION, REMOVAL (SPECIFY) 23b DATE July,1,1987 Burial

23c NAME OF CEMETERY OR CREMATORY

325 HOSPITAL DRIVE #208

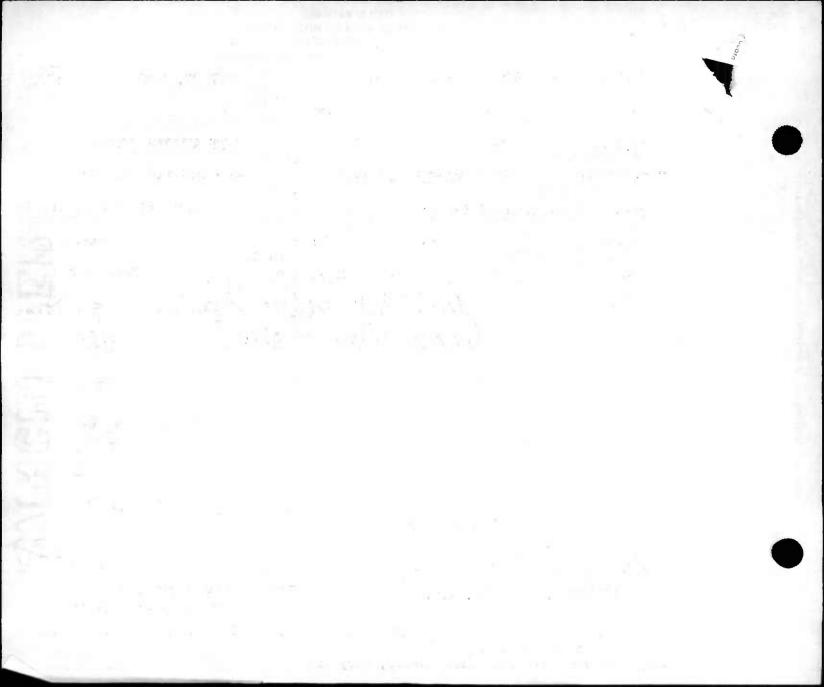
Glen Burnie A Co. STATE Md. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Singelton Funeral Home

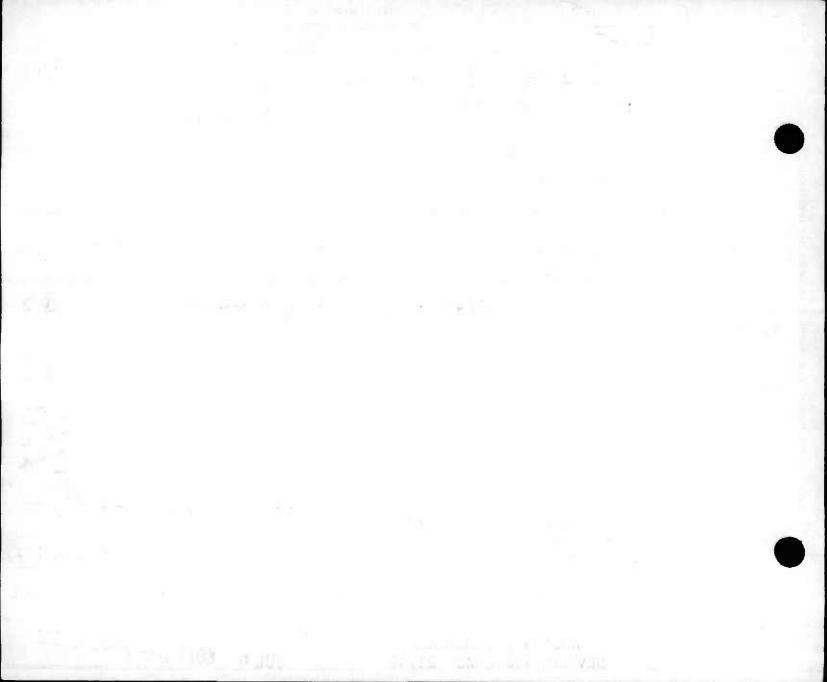
Glen Burnie, Maryland JUN 30

Glen Haven Mem. Park

in Davidson-Randelle



STATE OF MARYLAND



njury, or other traumatic event, the

| | ST | A | TE | OF | M | ARYL | AND |
|----------|----|---|----|----|----|------|------|
| PARTMENT | 0 | F | HE | ΔL | TH | AND | MEN' |

| 9 | FOR | | | DEPARTN | NENT OF H | EALTH AND M | ENTAL HYG | SIENE | | | | | | |
|---------------|---|-------------------------|------------------------------|--|-------------------------------------|-------------------------|--------------------------|------------|------------------------|---------|-----------|-----------------------|----------|-------|
| | 7STATE REGISTRAR | | | | | ICATE OF DI | | 8 | REG. NO | | 5 | 8 | 3 | 1 |
| | CEASED NAME | FIRST | A | AIDDLE | | 451 | | 20. DATE | OF DEATH | MONTH | DAY | YEAR | 2b HOL | UR i |
| (TYPE | ORPRINT) | PERCY | | CLIFTON | | NORWO | DOD | 14 | 0-1 | 8- | 87 | | 7 | 30 |
| . SE | X | 4 | RACE | | 5. DATE C | | | 6. AGE (I | N YEARS LAST BIR | THDAY) | IF UNDER | | IF UNDER | |
| | MALE | | WHI | TE | MONTH 1 | 16 | Ϋ́03̈́9 | ' | 77 | RS | MONTHS | DAYS | HOURS | MIN. |
| | RTHPLACE (STATE OR F | OREIGN 7 | . CITIZEN OF | WHAT COUNTRY? | T COUNTRY? 8. MARRIED NEVER MARRIED | | | | ORE CITY O | R COUNT | Y OF DE | ATH | | |
| V | irginia | | U.S. | S.A. WIDOWED DIVORCED Anne Arundel (| | | | Cou | nty | | MD | | | |
| | | | (IF NOT IN SUCI | HOSPITAL, NURSIN HEACILITY, GIVE STREET A LYUNGEL GO | ADDRESS) | | | (TYPE OF W | LOCCUPATION FOR MOST O | | IFE) INDI | KIND OF | abine | |
| | AL RESIDENCE (IF NURS | | THER INSTITUTION, | GIVE RESIDENCE BEFORE | ADMISSION) | | | | | • | | | , | |
| | aryland | 13b. COUNT A.A. | Υ | Pasaden | | 13d. INSIDE CIT | Y LIMITS? NO X | | r address / Mulber: | | | 21 | 1122 | |
| 4. FA | ATHER'S NAME | | IDDLE | LAST | | 15. MOTHER'S | | ME | WIDDIE | | | LAST | | |
| | Wilson | ,,,, | iDOLL. | Norw | boc | (| die | | MIDDLE | | | | atso | n |
| | VAS DECEASED EVER | | | 16b. SOCIAL SECU | RITY NO. | 17 INFORMAN | IT | | ADDRE | SS | | | | |
| - (| YES, NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 215-07- | 9566 | Marle | ne Sem | ler : | 110 Mu | lberr | | e. APPROXIA ELWEEN O | 211 | |
| | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (b) DUE TO, OR AS A CONSEQUENCE OF OUT CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) | | | | | | | | | | | | | |
| CERTIFICATION | 190 DATE OF OPERAT | ION | 19b. CONDI | TION FOR WHICH | OPERATIO | OPERATION WAS PERFORMED | | | TOPSY? | IN CERT | S, WERE | | | TH? |
| MEDICAL CERT | 21a. ACCIDENT WAS UND OR CONTRIBUTING | AUSE OF DEAT | P./ | M. MONTH DA M. | Y YEAR | 21c HOW INJ | | RED (ENTER | | | | PART 2) | | |
| MED | 21d. INJURY OCCURR | TRE | 21e PLACE ((AT HOME, STR | DE INJURY EET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION | | | CITY OR TO | WN | cou | YINL | | STATE |
| | 27a. I certify that (1) sow the decease above (1) (we) (c 22b. SIGNATURE | d alive on lid) did not | view the body | 19 | - | | TENDING TYSICIAN Z | | red on the do | | 220 | om the c | SIGNED | |
| | 270. PHYSICHAN'S NA | ME (TYPE OR | PRINT) | | | 22e ADDRESS | | 16.0 | 1-1-0 | n | | | 0.1 | 110 |

23b. DATE 23a. BURIAL, CREMATION, REMOVAL (
(SPECIFY) 6/20/87

23c. NAME OF CEMETERY OR CREMATORY

CITINA 23d LOCATION
CITY OF LOWN
Elkridge

Burial 24. FUNERAL DIRECTOR

Meadowridge Mem. Pk. 21229 756 DATE F

Howard Maryland

DHMH - 16 60M 7/84

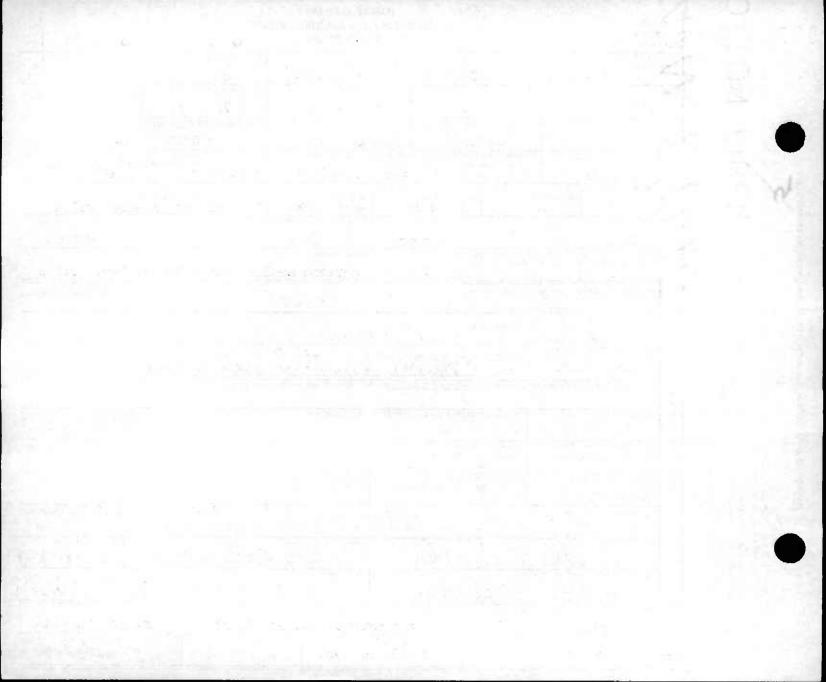
MPORTANT: If Hem 21 is

BP.

(VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



filled in by the funeral director, page 3

executed within 24 hours ofter death. Page

STATE OF MARYLAND

| | - STATE REGISTRAR | DEFAR | CERTIFICATE OF DEATH | 8 REG. NO. | 5 8 3 2 | | | |
|-----|---|--|--|---|--|--|--|--|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) | AS H. | d'srien | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR | | | |
| | 3. SEX | 4. RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS | | | |
| | Male | White | LO 8 17 | 69 YRS. | MONTHS DAYS HOURS MIN. | | | |
| 1 | 70. BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | Y? 8. MARRIED NEVER MARRIED & | 9 BALTIMORE CITY OF COUNT | TY OF DEATH | | | |
| 1 | Louisianna | United States | WIDOWED DIVORCED | Anne Arundel | Co. MD. | | | |
| 1 | Pasadena | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 170 River Rd. | | 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 12b. KIND OF BUSINESS OR INDUSTRY | | | |
| 100 | USUAL RESIDENCE (IF NURSING HOME OF 136, STATE 13b, COU | | OWN 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP COI 170 River Rd. | DE / 21122 | | | |
| 2 | FATHER'S NAME | MIDDLE LAST | 15. MOTHER'S MAIDEN N | VAME | | | | |
| 1 | Thomas | H. O'Brie | en Sr. Catharin | ie A. | Peppleman | | | |
| 9 | 160 WAS DECEASED EVER IN U.S. A | RMED FORCES? 166. SOCIAL SEGUE WAR OR DATES) | | ADDRESS | | | | |
| - | NO | 213-26- | -5538 Mrs. Cathar | ine E. Anderson | (same as 13) | | | |
| | gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT | Couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF COLUMN A SUBSCRIPTION OF STATES OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN THE CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DIS | | | | | | |
| - | 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | CH OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED | | | |
| / | 00.000.000.000.00 | EATH HOUR A.M. MONTH | DAY YEAR 19 | YES NO NO NITEM 18 | YES NO | | | |
| | OR CONTRIBUTING CAUSE OF DI IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | 1.1 | CITY OR TOWN | COUNTY STATE | | | |
| | sow the deceosed alive o above (I) we) (did (did n | pitol) ottended the deceosed from | 27, and that in (my) our) opinion | on death occurred on the date and ha | our and from the causes stated | | | |
| | 226 SIGNATURE CS | man | DEGREE ATTENDING PHYSICIAN | | 6/16/87 | | | |
| | 224 PHYSICIANIS NAME (TYPE | · SAMPLES | 27e. ADDRESS 205 Ridge | ly pue. Son | Apolis, modino | | | |
| | 230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial | | R NAME OF CEMETERY OR CREMATORY HOLY Cross Cemetery | | .A. Md. | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completed should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

etoined by the hospital or attending physician

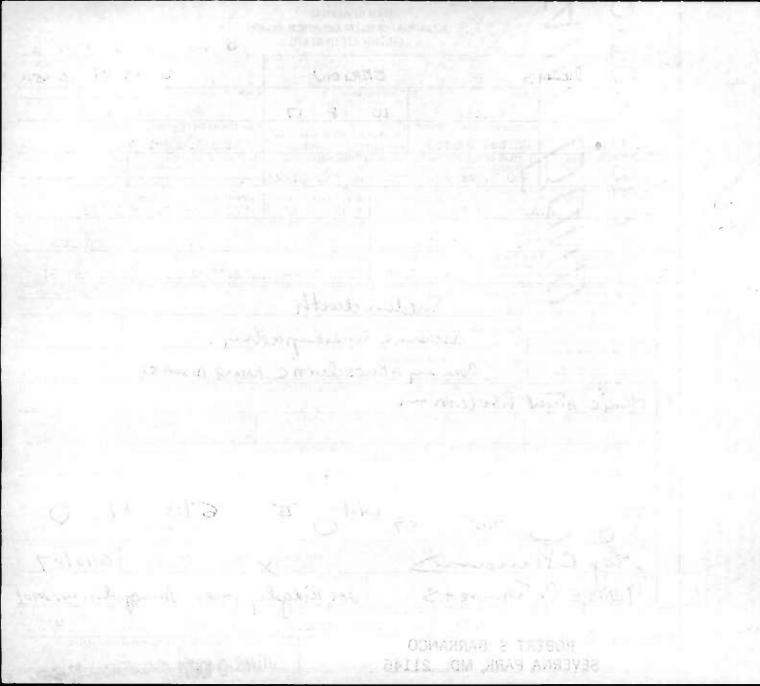
MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event,

ROBERT S. BARRANCO

24 FUNERAL DIRECTOR

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SEVERNA PARK, MD.



| | | FOR | Drn | STATE OF MARYLAND | | 4. |
|--|---------------|--|--|--|--|---|
| 56748 JUN : | 7.1 | STATE REGISTRAR | | CERTIFICATE OF DEATH | 8 /REG. NO. | 5 8 3 3 |
| tenta 1 | | CEASED NAME FIRST MATGACET | WIDDLE | Parker | 20. DATE OF DEATH MONTH DA | 87 6:40 M |
| ge 4 mo | 3.5E | EMALE | B LACK | 5. DATE OF BIRTH MONTH DAY YEAR O O O | | UNDER 1 YEAR IF UNDER 24 HRS |
| eoth. Po | | RTHPLACE (STATE OR FOREIGN 7 | U.S.A. | ITRY? 8. MARRIED NEVER MARRIED WIDOWEDXXX DIVORCED | 9 BALTIMORE CITY OR COUNTY C | COUNTY MD. |
| s ofter d | 200 | TY OR TOWN OF DEATH | | URSING HOME OR OTHER INSTITUTION SELF GENERAL HOSPITAL | 126 USUAL OCCUPATION (TYPE OF HOUSEWIFF) | 12b. KIND OF BUSINESS OR INDUSTRY |
| AND 212 | 13a. : MA] | AL RESIDENCE (IF NURSING HOME OR COUNT STATE 136 COUNT RYLAND A.A. | I3c. CITY OR | POLIS YES NO | 13e STREET ADDRESS / ZIP CODE 54 College Cre | eek Terrace |
| MARYLA ed within oncoletely f | 14. F/ | ATHER'S NAME RUDLOPH | HALL | SALLY | WIDDLE | EST LAST |
| IMORE, In ond commedical | 16a \ | VAS DECEASED EVER IN U.S. ARN YES, NOOR HIKNOWN] (IF YES, GIVE | MED FORCES? 166 SOCIAL WAR OR DATES) | | nnapolis, odka 2140 RSEY 1988 Domino I | |
| T., BALT rificote b physicio in popers: smovol. event-the | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | | ob, and real | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours to oftending physician. When this certificate has been signed by the oftending physician and completely filled into so the buriol-transit permit. Then please remove corbon papers. Pager Track 2s food to lith and Mental Hygiene prior to buriol, cremotion, or removal. Orked or them 18 shows any injury, or other traumatic event, the medical examiner reget in orked or them. | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. | DUE TO, OR AS A CONS (b) E DUE TO, OR AS A CONS (c) | a stage wine | distas | |
| equires to equire to signed Then ple roto burio injury, or | NO | PART 2. OTHER SIGNIFICANT CO | ONDITIONS CONTRIBUTING | G TO BEATH BUT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION GIVEN | N IN PART TIO |
| TAL RECORI | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION WAS PERFORMED | 200 AUTOPSY? 20b. IF YES, IN CERTIFYI YES NO YES | WERE FINDINGS USED NG CAUSES OF DEATH? |
| SION OF VITA PHYSICIAN: The ending physicic this certificate to buriol-transif ad Mental Hygie dor Item 18 sho | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT | 21b. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 PAR | T 1 OR PART 2) |
| DIVISION OF VITAL R ENDING PHYSICIAN: The I of or ottending physicion. Re: After this certificate has use as the buriol-transit pe Health and Mental Hygiene is marked or Item 18 shows | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O | FFICE, FARM, ETC.) 21f. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTEND ospitol o ECTOR: A d for use it. of Heol m 21 is m | | 220.1 certify that (this hospite | 6-9 | | deoth occurred on the dote and hour c | nd from the couses stoted |
| TAL by th ERAL Store | | Gracos | D Mital | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 0//0/57 |
| TO HOSPITAL TO FUNERAL should be det with the Store | | GAMO | The C | 22e ADDRESS 205 Ruc | AUDE BUE 1 | Annagols |
| BP BP | | BURIAL, CREMATION, REMOVAL | 6-12-1987 | PINELAWN MEM. PARK | 23d LOCATION CHY ANTIApolis | A. Maryland |

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR Annapolis, Md. 21401
WILLIAM REESE & SONS MORTUARY, P.A. 24 FUNERAL DIRECTOR

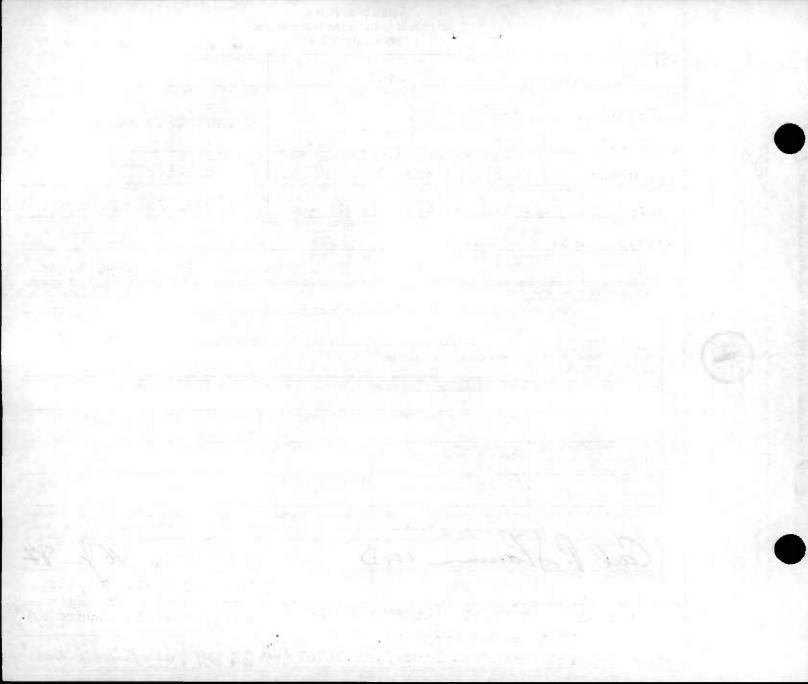
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 55 IGNATURE JUN 1 6 1987 Julia Dender Company

herferof . LA atterant

MAN . U , LEE AREST

(VRA 15, 4)

| | 1 | | | STATE | OF MARYLAND | | | | |
|---|---------------|--|---|----------------|------------------------------|---------------------------|----------------------|-------------------|--------------------|
| | 1. | FOR STATE | DEPAR | | ALTH AND MENTAL HYG | IENE | | pain 23 | 11.7 11.5 |
| | | REGISTRAR | | CERTIFIC | CATE OF DEATH | REG. N | D. 1 | 20 | 3 4 |
| BE JUNE | | CEASED NAME FIRST | WICIOLE | LAS | Ť | 20. DATE OF DEATH | MONTH E | DAY YEAR | 2b. HOUR |
| page 3 | 1 | Joe A | nna | Paul | | | 6 | 16 87 | 9:12P _M |
| Perd | 3. SE | C | 4. RACE | 5. DATE OF | | 6. AGE (IN YEARS LAST BIR | | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| s of | 1 | Female | White | 11 | 2 33 | 53 | YRS. | | , MIC |
| 10 9 | | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | Y? 8. | NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY | OF DEATH | |
| BE 2 | | aryland | USA | WIDOWED | | A A C |) - | | MD. |
| V9 1 37 | 10. C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | SING HOME OR | OTHER INSTITUTION | 12a USUAL OCCUPATI | ON F WORKING LIFE | 12b, KIND C | OF BUSINESS OR |
| 33 | E | . Meade | (IF NOT IN SUCH FACILITY, GIVE STRE Kimbrough A | rmy Co | mm. Hospit | al House | wife | | 211 |
| 58 27/ | USU. | AL RESIDENCE (IF NUBSING HOME TATE 136 COL | OR OTHER INSTITUTION, GIVE RESIDENCE BEFI | ORE AGMISSION) | 3d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | ZIP CODE | 6 | 4/1/3 |
| 1 | | | .A.Co. Odent | | YES NO X | 3362 Crui | npton | So. | Laurel |
| 11 23 | | THER'S NAME | MIDDLE LAST | | 5. MOTHER'S MAIDEN NAM | ME MIGGIF | | _ 105 | 51 |
| of the second | G | eorge Luth | | | Anna | MIOGE | | Lower | ry |
| 37 36 | 16a V | VAS DECEASED EVER IN U.S. A | RMED FORCES? 166. SOCIAL SE | CURITY NO. | 17 INFORMANT | ADDRE | \$\$ 262 G | La responsa | 7.2 |
| 000 | 1 | NO | SIVE WAR OR DATES) | | Elbert E | . Paul L | aurel | rumpt | 20787 |
| Per Per | | 18. CAUSE OF DEATH (Enter | anly one cause per line far (a), (b), | and (c).) | | | | APPROX BETWEEN | ONSET AND DEATH |
| g physican paper remove | | PART I. DEATH WAS CAUS | SED BY: ATE CAUSE (a)C | ardiop | ulmonary F | ailure | 707 | 1 | Hour |
| nding carbo ar re | | 1,7,7,12.5 | DUE TO, OR AS A CONSEG | UENCE OF | | | | | |
| move contrary | | Canditians, if any, which | ((b) Meta | static | Uterine C | ancer | | 4 Y | ears |
| by the attender is cremation other traym | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEG | | | | | | |
| by I. c. | | underlying cause last. | (c) | TOETHCE OF | | | | | |
| n pee | | PART 2. OTHER SIGNIFICAN | CONDITIONS CONTRIBUTING TO | O DEATH BUT N | OT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GIV | EN IN PART 1 | a |
| Then print to bu | CERTIFICATION | B 7. 20 000 | | | | | | | |
| prio prio | 78 | 19a. DATE OF OPERATION | 196. CONDITION FOR WHIC | CH OPERATION | WAS PERFORMED | 20a AUTOPSY? | | , WERE FINDI | |
| hos ws | 1 = | | | | | YES NOK | YE | | NO 🗌 |
| Hyg Hyg | Ü | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | RY IN ITEM 18 P. | ART 1 OR PART 2) | |
| into into into into into into into into | S. A. | OR CONTRIBUTING CAUSE OF T | Calli | 19 | | | | | |
| his of he | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC | E EARM ETC.) | 21f LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| After the e as the although | 2 | AT WORK NOT WHILE | (ATTIONE, STREET, TACTORT, OFFIC | E, PARM, ETC ; | | | | 0.7 | |
| Se a | | 220.1 certify that (I) (this has | pital) attended the deceased from | <u>16 J</u> | | _ _{, to} 16 Ja | | | that (I) (we) last |
| for to a first of the state of | | saw the deceased alive a | | | I that in (my) (aur) apınıan | death accurred on the d | ate and havi | r and fram the | causes stated |
| hed her | | 774 SKINATURE | 12 | | EGREE | | | 221. 0414 | GIGNED - DG |
| # C 0 C + | | Cal F. | tanin | mi | ATTENDING PHYSICIAN | MEDICAL STA | | 16 | Kun 87 |
| A See | | 22d PHYSICIAN'S NAME (TYP | OR PRINT) | | 22e ADDRESS | Annual Annual | Comp | LIVE | nital |
| should b | | G1 Gh | MD | | Kimbr | ough Army George, M | eade | MD. | 20755 |
| Or or with | 230. | Carl Stamm BURIAL, CREMATION REMOVA (SPECIFY) BURIAL | | L ANAME OFTCE | WHOA raens | TARL LOCATION | | | |
| P | | (SPECIFY) Burial | 0/20/0/ | Teprno | WIIGHT GOILD | Marriot | SV11. | T & NA HOM | varasiand |
| | | UNERAL DIRECTOR 760 | ol Sandy Sprin | ng Rd. | | E REC'D. BY REGISTRAR | 25b. REGIST | RAR'S SIGNA | TURE |
| NH - 16 60M 7/84 (VRA 15. 4) | F | leck Funeral | Home Inc. La | aurel, | 1d.20707 | 24 1997 | Julia | Davidson | · Randalls |



056475

within 24 hours ofter

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP.

signed by the ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin should be detoched for use as the buriol-tronsit permit. Then please remove cork with the State Dept. of Health and Mental Hygiane prior to buriol, cremotion, or WIMPORTANT: If them 21 is marked at Item 28 shows any injury, or other troumatic

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 0 / 1 3 0 | 7 |
|-----------|---|
| REG. NO. | 0 |

| | | REGISTRAR | | | | | REG. N | 0. | | EL |)I | | | | |
|---|---------------|---|---|--|----------------------------------|------------|-------------------------------------|---------------------|------------------------------|-------------|------|--|--|--|--|
| M | | CEASED NAME FIRST | WIOOFE | | .AST | 20 | DATE OF DEATH | MONTH D | DAY YEAR | 2b HOUR | 5 1 | | | | |
| | . 0 | CHARLES | GEORGE | PEAR | | | JUNE | 10 | 1987 | 329 | PM | | | | |
| | 3. SE | | 4 RACE | 5. DATE C | OAY YEA | AR | AGE (IN YEARS LAST BIR | (YAOHTS | AONIHS DATS | HOURS | MIN. | | | | |
| - | . 01 | Male | White | | mber 8 19 | | 76 | YRS. | | | | | | | |
| É | | RTHPLACE (STATE OR FOREIGN | U.S.A. | MARRIE | D EXNEVER MARRIE | D 🗆 🖁 E | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | | | | |
| 2 | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, N | WIDOWE | | | | ARUNDE | 12b. KIND OF BUSINESS OR | | | | | | |
| - | | GLEN BURNIE | (IF NOT IN SUCH FACILITY, GIV. | USUAL OCCUPAT PE OF WORK FOR MOST O Military | DF WORKING LIFE | (NOUSTRY | Navy | 55 OR | | | | | | | |
| | 130 5 | AL RESIDENCE (IF NURSING HOME OF STATE aryland 13b COUR A | | | 13d. INSIDE CITY LIMI | ITS? 13e | street address 8467 Mira | /zipcode imar Ro | oad 21 | 122 | | | | | |
| 0 | 14. FA | ATHER'S NAME Charles | | earman | 15. MOTHER'S MAIDE Anna | ENNAME | Middle Ma | ırie | Fre | deric | k | | | | |
| 1 | | VAS DECEASED EVER IN U.S. AR | | L SECURITY NO. | 17. INFORMANT | 4 | ADDR | | | | | | | | |
| | <u> </u> | YES, NO OR UNKNOWN) (IF YES, GIV | II 214- | 30-6100 | Gertrude | Pear | man Same | as 13 | | MATE INTERV | | | | | |
| | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION | ISEQUENCE OF | Seu eve | | PD DISEASE OR CON | | EN IN PART TIE | | | | | | |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR V | WHICH OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? | IN CERTIFY | , WERE FINDIN YING CAUSES | | | | | | |
| | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | HOUR A.M. MONT | 19 | 216. HOW INJURY O | | | IRY IN ITEM 18 PA | | | ATE | | | | |
| | | 22a.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE | tol) ottended the deceosed 1) view the body ofter death, | _19.8701 | DEGREE ATTENDI PHYSICI | ING A. M | to | FF | | | | | | | |
| / | | 22d PHYSICIAN'S NAME (TYPE O | M D | - Color | 22e. ADDRESS | 518 | S. CAMP M | ÆADE F | | | 7 | | | | |
| | | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | | Glen Ha | emetery or cremat ven Mem Pa: | TORY 2 | Glen Bur | | cou'A'.A. | 514 | Md | | | | |
| | Geo | orger J. Gonce 4 | 001 Ritchie A | Igwy Balt | o Md | JUN 1 | C'D. BY REGISTRAR | 25b REGISTR | RAR'S SIGNATI | talle | | | | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

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ANGE VIOLET COUNT.

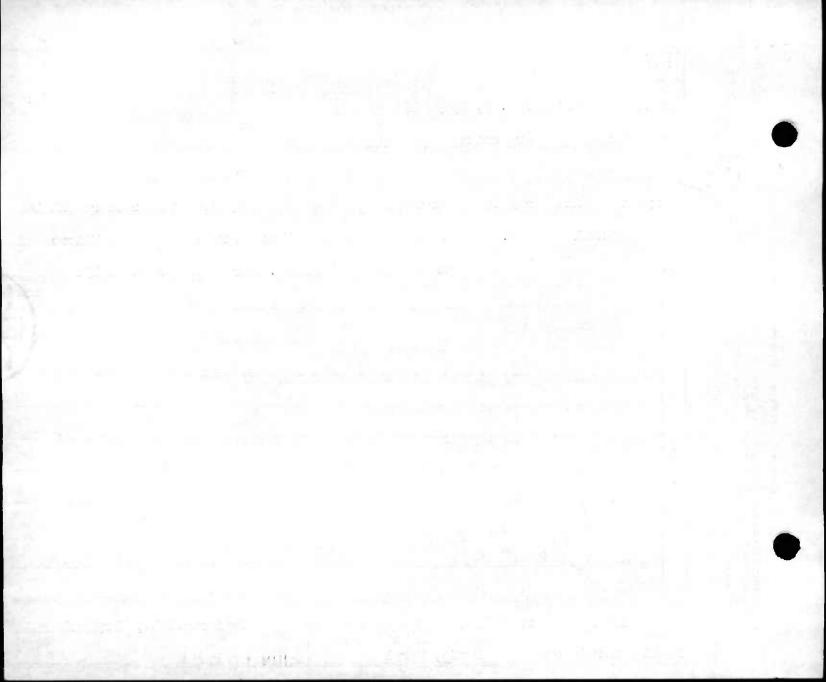
CLEN HURNIEL WORTH ARREST, HOSPTEAL

SIR S. CAMP MENDERD.

SACIT BEEN, M.D.

MEN

| REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 20. DATE KNOWN MONTH DAY YEAR 16 HOUR OF ESTI- DEATH MATED 6-4- 1987 3. SEX 1. RACE 3. SEX 4. RACE 5. DATE OF BIRTH DAY YEAR MONTH DAY YEAR LAST BIRTHDAY) LAST BIRTHDAY LAST BIRTHDAY MONTHS DAYS MONTHS D | | 1, | FOR STATE | | DEPARTMENT OF HEA | | | 2 2740 | | , |
|--|--|--|------------------------------------|-------------------------|-----------------------------------|-----------------------------|------------------------------------|--------------------|----------------|-------------------------|
| Graciela Rita Pena Death Matto 6-4-1887 LESE REACE DOBLETON DE DEATH MATE 10-1887 LESE REACE DE DELCE OR STORM DE DELCE DE DELC | | | REGISTRAR | ME | | S CERTIFICATE | 1120 | | 0 3 | 0 |
| THE EXTERNAL CAUSE OF DEATH (Enter only one coure per line for (e), b), and (e). The ATT OF REAL PROPERTY OF SEAL PROPERTY | 0 0 1 | | PE OR PRINT) | | | LAST | 1 OF ESTI- | | | 26 HOUR |
| THE EXTERNAL CAUSE OF DEATH (Enter only one coure per line for (e), b), and (e). The ATT OF REAL PROPERTY OF SEAL PROPERTY | COR. URS | | | | | | | _ 0 1 | | N |
| THE EXTERNAL CAUSE OF DEATH (Enter only one coure per line for (e), b), and (e). The ATT OF REAL PROPERTY OF SEAL PROPERTY | STR STR | | | 5. DATE OF BIRTH | YEAR LAST BIRTHDAY) | | MIN. PRONOUNCED | MONIH | | 2d. HOUR 8 • 5 2 |
| THE EXTERNAL CAUSE OF DEATH (Enter only one coure per line for (e), b), and (e). The ATT OF REAL PROPERTY OF SEAL PROPERTY | N 20 P R | | | | | | | | | 0.52 |
| B. CHYO R FOWN OF DEATH It. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION The SUSTAIN COCKETATION ITEM OF MOST IN PROSECUTION ITEM OF MOST IN PROCESS IN PROSECUTION ITEM OF MOST IN PROSECUTION ITEM OF MOST IN PROSECUTION IN PROSECUTION ITEM OF MOST IN PROSECUTION IN PROSECUTION ITEM OF MOST IN PROSECUTION IN PROSECUTION IN PROSECUTION ITEM OF MOST IN PROSECUTION IN PROSECUTION IN PROSECUTION IN PROCESS IN PROSECUTION IN PROSEC | SS 8 8 EW | | | /b. CITIZEN OF W | HAT COUNTRY? | ARRIED NEVER MAR | RRIED EX 9. BALTIMORE CI | OR COUNT | Y OF DEATH | |
| Gen Burnie North Arundel Hospital Student Stud | SE SE SE | | | | 200 | | I IIIII III C | | | MD |
| SUAR RESIDENCE OF INFORMATION RESIDENCE OF INFORMATION RESIDENCE STORM AMORES OF THE RESIDENCE OF THE RESIDE | S. HARRIS W. | 18. € | ITY OR TOWN OF DEATH | (IF NOT IN SUCH FA | ACILITY, GIVE STREET ADDRESS) | | | | | |
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| JUN 1 0 1987 | (AK WID WE (9)) | TOC | arr runerar no | D | owre, Maryrano | | N 1 0 1987 | Table & Standardin | A day | |



Bowie, Maryland

Beall Funeral

(VRA 15, 4)

STATE OF MARYLAND

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| 3.5 | | 4 RACE | 3. DATE OF BIRTH | PERSONAL PROPERTY. | AKS LAST BRITIDATE | FUNDERTYEAR PE |
| | 11 ale | White | 5-13 | | 68 yrs | |
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| 50 | Annapolis | | l General Hospi | | ter | Construc |
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| - 0 | bra us |
| - | REG. NO. |

| 1/ | REGISTRAR | CERTIFICATE OF DEATH | 0 REG. NO. 5 0 3 |
|-----------------------|--|--|---|
| | CEASED NAME FIRST | MIDDLE | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR |
| | Luther | Adam ralmer Phillips | June 26, 487 70 |
| 3. SE | X | 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 2: MONTHS DAYS HOURS |
| 1 | Malp | White July 16,1903 | 83 YRS. |
| | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH |
| W | Paruland | WIDOWED DIVORCED | Anne Arundel |
| 10. C | ITY OR OWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) | 120. USUAL OCCUPATION 12b. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY |
| | phapotis | Hanapolis Convalescent Center | Retired Garber |
| USU 13a. S | AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN | OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ITY | 136.STREET ADDRESS / ZIP CODE 21461 |
| | mb At | Appapalis YES & NO [| 3 Constitution Ovenue |
| 14. F/ | ATHER'S NAME | MIDDLE LAST 15. MOTHER'S MAIDEN NA/ | ME ANDOLE A LAST |
| | Altred 1 | N- Phillips Nettice | e Palmer |
| 160. | WAS DECEASED EVER IN U.S. AR. | MED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT | ADDRES Anapolis MD 2140 |
| | Yes Wu | | rK-5 Constitution Ave- |
| | 18 CAUSE OF DEATH (Enter on | ly one couse per line for (a), (b), and (c).) | APPROXIMATE INTERVI BETWEEN ONSET AND DI |
| | PART I. DEATH WAS CAUSE | ECAUSE (0) RESPIRATORY ARREST | |
| | | | |
| | K. | DUE TO OR AS A CONSEQUENCE OF | |
| | Conditions, if ony, which | DUE TO, OR AS A CONSEQUENCE OF | - 9 34 |
| | gove rise to immediate |) (b) | |
| | | | |
| | gove rise to immediate couse (a), stating the underlying cause lost. |) (b) | INAL DISEASE OR CONDITION GIVEN IN PART 110 |
| NOI | gove rise to immediate couse (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUENCE OF | INAL DISEASE OR CONDITION GIVEN IN PART 110 |
| CATION | gove rise to immediate couse (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUENCE OF | 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED |
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| | gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIF | DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21c. HOW INJURY OCCURR P.M. 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 19 87 and that in (my) (pur) opinions | 200 AUTOPSY? YES NO STATE NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| | gove rise to immediate couse (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT OF COURT OF COURT OF CAUSE OF CAUS | DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21c. HOW INJURY OCCURR P.M. 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 19 87 and that in (my) (pur) opinions | 200 AUTOPSY? YES NO |
| | gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIF | DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET (c) 21l LOCATION STREET (c) 21l LOCATION STREET (c) (d) ottended the deceosed from (not) Ottended the deceosed from Ottended the | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO |
| | gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIF | DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET (at) 19 87, ond that in (my) (our) opinion of the property of the proper | 200 AUTOPSY? YES NO |
| | gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIF | DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET (vi) 19 87, ond that in (my) (our) opinion of the property o | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO |

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

Taylor Funeral Chapel - Annapolis, MD

250. DATE REC'D. BX REGIONALITY SEGETRAL STRUCTURE

201 10 10 TOP 80 JUL

| 7 8 7 5 JUN 26 I | FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH | HYGIENE REG. NO. | 5 3 4 0 |
|---|--|--|---|---|
| n. Page 4 may be all director, page 3 2 hours ofter death | 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RAC 70. BIRTHPLACE (STATE OR FOREIGN 7b. CIT | PUSCHERT S. DATE OF BIRTH DEC. 24, 903 VEAR OF WHAT COUNTRY? B. MARRIED NEVER MARRIED | 6. AGE (IN YEARS LAST BIRTHDAY) 8.3 YRS. | F UNDER / YEAR 1 IF UNDER 24 HRS. AONTHS DAYS HOURS MIN. |
| . 24 hours after death 24 hours after death 14 hours after death 25 hours after death 26 hours after death 27 hours after death 27 hours after death 28 hours after death 28 hours after death 28 hours after death 29 hours after death 29 hours after death 20 h | 10. CITY OR TOWN OF DEATH 11. N. | WSH WIDOWED DIVORCED IAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION FOOT INSUCH FACILITY GIVE STREET ADDRESS OFFICE SE HIGHWAY | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOME MAKEY | 12b. KIND OF BUSINESS OR INDUSTRY HOME |
| IMORE, MARYLA e executed within n and campletely Pages I road 5 sh medical examiner | 14. FATHER'S NAME FIRST MIDDLE MIDDL | | th L So | Highway hmidt ame as #13 |
| es that the dentregenting by please remove carbon proud, cremation, or every correct or | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDIT | My population thought | ailure 40 pathy discase | APPROXIMATE INTERVAL BITWEEN ONSET AND DEATH JROUS JROUS JROUS EN IN PART 110 |
| HOSPITAL OR ATTENDING PHYSICIAN: The low required by the hospital or attending physician. FUNERAL DIFECTOR. After this certificate has been signed be detached for use as the burial-transit permit. Then he he State Dept. of Health and Mental Hygiene prior to be NORTANT: if them 21 is marked or item 18 shows any injury | 21g. ACCIDENT WAS UNDERLYING 210 OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d | e. PLACE OF INJURY IT HOME STREET, FACTORY, OFFICE, FARM ELL. Innula, the place and from | YES NOT YES VESTURED (ENTER NATURE OF INJURY IN ITEM IB PARTIES OF INJURY IN ITEM | COUNTY STATE |

234 NAME OF CEMETERY OR CREMATORY
HINCHEST

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S-SIGNATURE

JUN 25 1987 Julia Deviden Rondorn

DHMH - 16 60M 7/84

23a. BURIAL, CREMATION, REMOVAL

24. FUNERAL DIRECTOR

23b. DATE

June 26,487

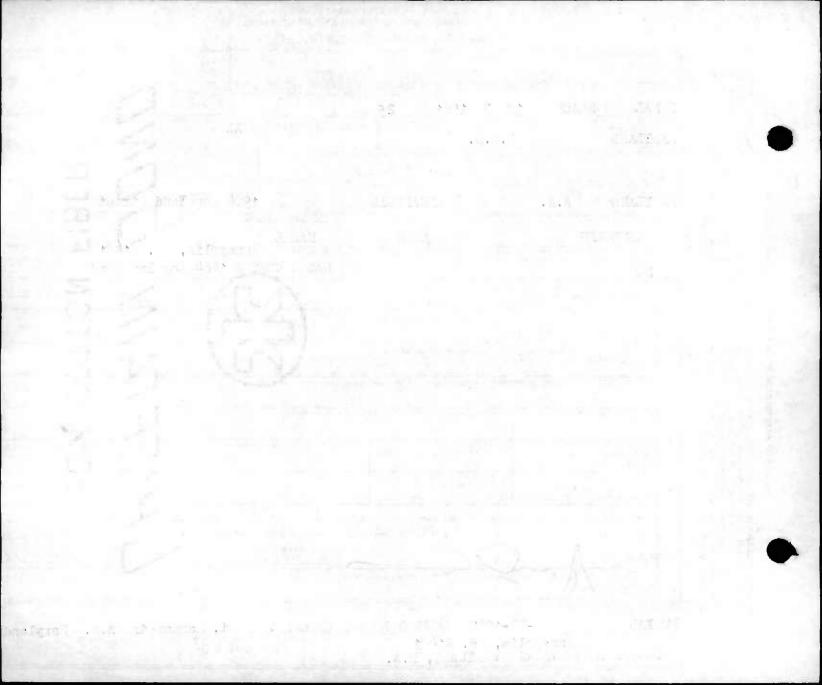
(VRA 15, 4)

opports and description of the property of the

| 7 1 9 1 1181 | 1 - | FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH STATE OF MARYLAND REG. NO. 15 4 4 |
|---|---------------|--|--|
| page 3 | (TYPE | CRASED NAME FIRST OR PRINT) | ler Neilson Pyne June 13,1987 M |
| oge 4 mo | 3. SE | Male | 4. RACE White Sept. 24, 1903 83 YRS FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. |
| | Ne | RTHPLACE (STATE OR FOREIGN OUNTRY) W Jersey | 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED POORCED POORCED POORCED ME 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR |
| | Ar | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TO THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) |
| nin 24 ha ly filled shauld b | 130 5 | TATE 136 COUP | NTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 140 P. NO X 259 Providence Road |
| complete | PF | rederick G | MIDDLE PLAST PUDE Ellen Roosevelt Jones RMED FORCES? 166 SOCIALSECURITY NO. 17. INFORMANT ADDRESS Same as |
| e be execucion and coers. Pages I. | | es hoor unknown) (IFYES, GI | 5-1961 519-52-8312 Jane Martin Pyne - #13 suly one couse per line for (o), (b), and (c). |
| th certificate b nating physicia carbanpapers. , ar remaval. | | PART I. DEATH WAS CAUSE | ATE CAUSE (0) Celebrovas when accedent |
| hat the dea by the atte ass remave 1, cremation ather traum | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) |
| quires signe hen p ta bur ijury, | NOIL | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| The law rectan. e has been sit permit. If giene prior hows any if | CERTIFICATION | 19a DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NOW YE |
| PHYSICIAN: The kending physician. This certificate has build-transit per build-transit per and Mental Hygiene d ar them 18 shows | MEDICAL CE | 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED | |
| ENDING PHYSion or ottending on the start this contract to see as the butter the start | ME | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE |
| prtal TTEN TOR: for us af He | | saw the deceased alive ar | indicate the decessed from |
| O HOSPITAL OR A etained by the hos TO FUNERAL DIREC should be detached with the State Dept. | | 22d. PHYSICIAN'S NAME | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 4 115/87 |
| TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If | | Barbara T. | - Furlow, M.D. 17 West St. Annapolis, MD |
| ВР | | SURIAL, CREMATION, REMOVAL DECIFY) DINERAL DIRECTOR | June 17.1987 Naval Academy Annapolis A.A. m.D. |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 10 | | el Chapel-Americapolis, md JUN 18 1987 And STEETHARS SIGNATURE |



| n Junia | | O'd | | | DEDADTAA | ENTOCH | | ND MENTAL | HYGIENE | | | | | |
|----------|----------------------------|--|-----------------------|-------------------------------|--|---|---------------|-----------------------|--------------------|---------------------------|---------------|------------|-------------|----------|
| L July 1 | | TATE EGISTRAR | | 1.00 | | | | RTIFICATE | | H / | - do | Pm (3) | -41 | Jr. 3. |
| 1. | | EASED NAME | FIRST | | WIDDLE | NAME OF THE PARTY | LAS | THE CALL | Q | DATE KNOW | G. NO. | ONTH DAY | YEAR | 76 HOUR |
| | (TYPE | OR PRINT) | ZERI | DZ. | т | | OU | EEN | | OF ESTI- | - 6 | 5-18-8 | 70 | 1 |
| 3. | SEX | 4. RA | | 5. DATE OF BIRTH | L. | AGE (IN YEAR | IF UNDE | | R 24 HRS. 20 | | - | DATH DAY | | 2d. HOUR |
| Ti Ti | Nurs | ALE B | LACK | 10 3 | 1961 | LAST BIRTHDAY | MONTHS | DAYS HOURS | MIN. P | DATE RONOUNCED DEAD | 6 | 5-18-8 | 7.0 | 3:30F |
| | BIR | THPLACE ISTATE OF | | 76. CITIZEN OF W | HAT COUNTE | | MARRIER | ☐ NEVER MAR | RIED XX | BALTIMORE C | | | | p.JW |
| M | LAF | YLAND | | U.S.A. | | - 1 | WIDOWED | = | -4- | nne Aru | ndel (| County | 7 | MD |
| 10 |). CIT | Y OR TOWN OF D | ATH | 11. NAME OF HO | | | OR OTHER | INSTITUTION | 12a USUA | L OCCUPATION | Y TYPE OF V | WORK 12b K | IND OF BU | SINESS |
| A | nn | apolis | | 1904 Co | peland | Stree | | FORMC | 21 OF WORKING LIFE | E) | | ORINDUSTRY | | |
| | | RESIDENCE IF IN PATE | 134 COUN | DR OTHER INSTITUTION, G TY | | POLIS | 13d | I INSIDE CITY LIMITS? | 13504 | TADDRESS Copelan | d St | reet | 2/4 | 3/ |
| 掃 | I. FA | HER'S NAME | 1 | | | | 15 | MOTHER'S MAIL | DEN NAME | | | | | |
| | RANDOLPH QUEEN HAZEL COATE | | | | | | | | | | LAST | | | |
| 16 | | AS DECEASED EVE | R IN U.S. AR | | | | | INFORMANT | - | olis, Adr | | | | |
| | (12. | NO | (# 163, 0146 | WAR OR DATES) | | | | HAZEL CO | ATES 1 | 464 Log | Inn | Road | | |
| F | | 18. CAUSE OF DEA | ATH (Enter an | ly ane cause per line | e far (a), (b), c | and (c).) | | | 415 | | | 967 | APPROXIMATE | INTERVAL |
| | | PARTIDEATH | | TE CAUSE (a) P | ulmona | ry thr | ombo- | embolism | compl | icating | obes | sity | -1112 | |
| | | | 0,0,0 | | AS A CONS | EQUENCE OF | 0 | 7 | 1 | | | | | |
| | | Canditians, if any, which gave rise to immediate (b) | | | | | | | | | | | | |
| | | cause (a) stati | ng the <u>under</u> - | | AS A CONSI | EQUENCE OF | | | | | | | | |
| | | lying cause las | 1. | (c) | | | | | | | | 10 | | |
| | z | PART 2 OTNER SIGNIFICA | INT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT RELATE | O TO THE TERMIN | AL DISEASE OR | CONDITION GIVEN IN P | PART 1 (a). | | | | | |
| | CERTIFICATION | 19a. DATE OF OPE | RATION | I196 CONDI | 11% CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | 20 AUTOP | | | , |
| | 5 | | | | | | | | | | | | YES K | NO 🗆 |
| | ERT | 210 EXTERNAL CA | | 216. TIME O | | | 21c HOW | INJURY OCCURR | RED LENTER NA | TURE OF INJURY IN IT | TEM TB PART 1 | | 152 1 | NO [] |
| | A C | UNDERLYING CONTRIBUTING | OR CAUSE OF | HOUR A.A | M. MONTH [| | | | | | | | | |
| 1 | | 21d INJURY OCCU | | 21e PLACE | OF INJURY | 19 (AT HOME, | 21f LOCAT | | | | | - | | |
| | M | WHILE AT WORK AT | T WHILE | STREET, FAC | TORY, FARM, ETC. |) | STREE | it . | | CITY OR TOWN | | COUNTY | | STATE |
| | 1 | | | | | | | | | | | | | |
| | | | | ge af the remains de | Г | | Autapsy | X, Inspects | | Inquiry , | and in | my opinion | | |
| | | death resulted fro | m: Natu | ral causes X, | Accident | , Suic | de 🔲, | Hamicide . | Undeter | mined manner | □, | | | |
| | | ACTUAL | Λ | 0 | 1 | | | TITLE (SPECIFY) | hiof | | | DATE | 6-19 | -87 |
| 7 | | SIGNATURE | the | | 1 | | M.D. | Deputy Cl | MEDIC | AL EXAMINER | | GIGNED | 0-13 | , -0 / |
| 1 | | EXAMINER'S NA | E (_' | | 1 | | | 444 | D | Oban - I | | | | |
| 1 | | TYPE OR PRINT | Mnn | M. Dixor | | | | DRESS 111 | | Street | | | | |
| | | RIAL, CREMATION TAL | | | 1 | ME OF CEMI | | | 23d. LOC | TOWN | | COUNTY | ST | ATE |
| | | | | 6-24-1987 | | | OADNE | CK CEME, | St | Marga | rets | A.A. | Ma | ryland |
| 2 | | LLIAM RE | Anna | polis, Md | . 2140 | 1 | | 250 JO | Nº 2 4 | 1987 AR 736 | REGISTRA | AR'S SIGNA | URL | |
| | W.T | TITAM RE | ESE & | SONS MORT | UARY, | P.A. | | | | 1 | | | | |



| | | 9 | 5 | T | A | 1 | E | 0 | ı | N | Ą | A | R | 1 | ľ | L | A | N | N | C |) | |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| | | | | | | | | | | | | | | | | | | | | | | |

| | ा - | STATE REGISTRAR | | | DEFA | CERTIF | ICATE O | F DEATH | 8 | REG. NO | | 5 8 | 4 | 3 |
|---|---------------|--|--|---|------------------|-----------------------------|--------------------------|---|------------------|---|-----------------|---------------------------|-----------|-------------------|
| | | CEASED NAME OR PRINT! | orgia | | ake | | ^{AST} Ransoi | m | -29 DATE C | FDEATH | 6 d | 9 81 | 26. HG | 40 A _M |
| l | 3. SEX | male | | White | | Febru | | 17, "1899 | 6 AGE (IN | YEARS LAST BIRT | | IF UNDER I YEAR | | DER 24 HRS |
| | | RTHPLACE (STATE OR FO | DREIGN 76 | U.S.A. | | RY? 8. MARRIEI WIDOWE | | R MARRIED DIVORCED | 9. BALTIMO | PNNE | Arun | 1 1 | | MD. |
| | | ty or town of deat lgewater | rH 11 | | | rsing HOME C | | ent Cen | | occupation | | 12b. KIND INDOSTRY | | |
| | MSUA Ma | AL RESIDENCE (IF NURSIN | | | | eFORE ADMISSION) | 13d. INSTO | E CITY LIMITS? | 13 408 6 | ^@869 <i>6</i> | zi Cree | ek Roa | id : | 21037 |
| I | 14. FA | Marshall | WR | DOLE | Elmô | re | 15. MOTHE | Emma | ΛĒ | MIDDLE | | Vi | ě | |
| 1 | No. | VAS DECEASED EVER II (ES, NO OR UNKNOWN) | | ED FORCES? VAR OR DATES) | 577-16 | | 17. INFOR | E. Robe | erts (| Daugl | | Same | as ‡ | [‡] 13 |
| | | 18 CAUSE OF DEATH PART I. DEATH WA | AS CAUSED MMEDIATE which ediote | BY: CAUSE (o) DUE TO, OR (b) | AS A CONSE | EQUENCE OF | roto. | onest | | | | | XIMATE IN | |
| | Z | underlying couse PART 2. OTHER SIGN | lost. | (c) | Per | kanson' | | TED TO THE TERMI | INAL DISEA | SE OR CONE | ITION GIVE | EN IN PART 1 | yez | 75 |
| | CERTIFICATION | 19a DATE OF OPERATI | ION | 19b. CONDIT | ION FOR WH | IICH OPERATIO | N WAS PER | RFORMED | 200 AUT | OPSY? | IN CERTIF | , WERE FIND YING CAUSE | | ATH? |
| | MEDICAL CER | 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURR | AUSE OF DEATH | 21b. TIME OF HOUR A.M P.M 21e. PLACE O | A. MONTH | DAY YEAR | 21c. HOW | INJURY OCCURR | ED (ENTER N | ATURE OF INJUR | Y IN ITEM IB PA | ART I OR PART 2) | | |
| | ME | WHILE NOT WHILE AT WORK | LE D | (AT HOME, STRE | ET, FACTORY, OFF | | ST | REET | | CITY OR TO | VN | COUNTY | | STATE |
| | | 220.1 certify that (I) (sow the decease about 11) we I di 22b. SIGNATURE | d olive on | on the body | | 987,0 | DEGREE | ny (our) opinion d ATTENDING PHYSICIAN | | | | and from th | | |
| | | 22d. PHYSICIAN'S NA | ME (TYPE OR | leille | 7 | 1 | 134 | | 16. | 200d | Weit | Rive | - MI | 200 |
| | | BURIAL, CREMATION, F | REMOVAL | 23b. DATE 07/01/ | | | | Cemetery | y 23d. LOC Br | ATION Y OR TOWN entwo | od | P.G. | Ma | rylan |

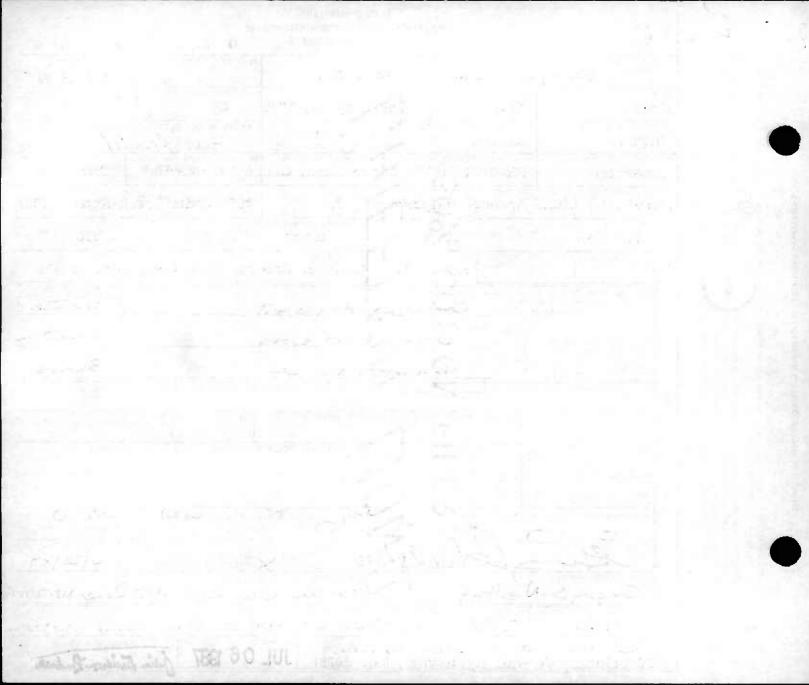
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item, 18 shows any injury, or other troumotic

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 5 Film Go20 5-50-5/2

- STATE

(VRA 15, 4)

THE PROPERTY OF THE PROPERTY O THE RESERVE OF THE PROPERTY O The allegate the participation of the participation

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and 2 should be with the State Dept of Health and Mental Hygiene prior to burial, crematian, ar removal.

BP. DHMH - 16 60M (VRA 15, 4)

| | 0 | 6 |
|--|--|---|
| CASSICA CALL MERCANOS, ACT WIT THE STATE OF STAT | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be | |

| | | FOR | | | E OF MARYLAND | | | | |
|---|---------------|--|---|-------------------|--|--|-----------------|------------------|-------------------------------------|
| Hirtis. | 1- | STATE | | | HEALTH AND MENTAL HYG FICATE OF DEATH | IENE 8 7 | - | 5 8 | 4 |
| 21/1 | 1 DEC | REGISTRAR CEASED NAME FIRST | MIDDLE | CERTI | LAST | REG. NO | | DAY YEAR | 26 HOUR 8 |
| | | JANIE | • | REID | | JUNE | 1. | 1987 | 1205 AM |
| N | 3. SE) | x | 4. RACE | 5. DATE | OF BIRTH | 6 AGE (IN YEARS LAST BIRT | | IF UNDER I YEAR | IF UNDER 24 HRS |
| 0 | - | Female | Black | MON | 3/4/06 YEAR | 80 | YRS | MONTHS DAYS | HOURS MIN. |
| 21 | 7a BII | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT CO | OUNTRY? 8 MARRI | D NEVER MARRIED | 9 BALTIMORE CITY OF | - | | |
| 1 | 2 | Md. | USA | WIDOW | ED DIVORCED DO OR OTHER INSTITUTION | ANNE AR | | | MD. |
| 4 | 1 | GLEN BURNIE | NORTH ARU | NDEL HOSP | | 120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF | WORKING LIFE | | F BUSINESS OR |
| | 13o. S | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN CALL | TY 13c. CITY | OR TOWN | 13d INSIDE CITY LIMITS? | 350 Emerso | | | |
| xcmine 44 | 14 FA | THER'S NAME Joseph | MIDDLE Reid | LAST | 15 MOTHER'S MAIDEN NAM | ΛE | | Gray LAST | ī |
| nedicol e | 00 | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOC E WAR OR DATES) | TIAL SECURITY NO. | 17 INFORMANT | 350 Emerson | | | |
| ny injury, ar other troumotic event, if | ATION | Conditions, if any, which gove rise to immediate cause to), stating the underlying cause last. | DUE TO, OR AS A CO | ONSEQUENCE OF | ATIC YM LINOT RELATED TO THE TERM STEWLIND ON WAS PERFORMED | INAL DISEASE OR CONF | Nep | 32 | WASE INTERVAL DISET AND DEATH |
| Shows | CERTIFICATION | | | | | YIS NO | IN CERTIF | YING CAUSES | OF DEATH? |
| Hem 18 | MEDICAL CE | 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | HOUR A.M. MO | NTH DAY YEAR | 21c HOW INJURY OCCUR | ED (INTER NATURE OF INJUR | r IN ITEM 18 P. | ART I OR PART 21 | |
| orked or | MEC | WHILE NOT WHILE AT WORK | 21e PLACE OF INJUR (AT HOME STREET, FACTOR | | STREET | CITY OR TOV | 7N | COUNTY | STATE |
| 1 Z 15 m | 1 | 220.1 certify that (1) (this hospi deceosed alive on about (1) (we) (did) (did-no | 1/3/ | ed from 87, o | and that in (my) (our) opinion of | death accurred on the da | te and hou | ond from the | that (I) (we) lost couses stated |
| ORTANT: If Hem 21 is morked | | 1726 SIGNATURE | yeso | B | | MEDICAL STAF | | 22c. DAJE | SIGNEDS |
| MPORTA | | ELMO M GAYO | | | | -F PENINSULARYLAND 210 | | M ROAD | |
| | (| BURIAL, CREMATION REMOVAL BURIAL | 6 \ 6 \ 87 | Mt. Ho | CEMETERY OR CREMATÓRY De CH. Cem. | 23d LOCATION CITY OF TOWN Sunde: | | Ca1. | Md. |
| 7/84 | Sp. | uneral director encer E. Sewell | Box 31 Pr: | ince Fred | erick,Md | REC'D BY REGISTRAR | | RAR'S SIGNATI | - |

Company and a series of the se

CHARLE THE LAKE THE

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within 24 hours ofter

tificate be

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page 3 er death

in by the funeral director. p

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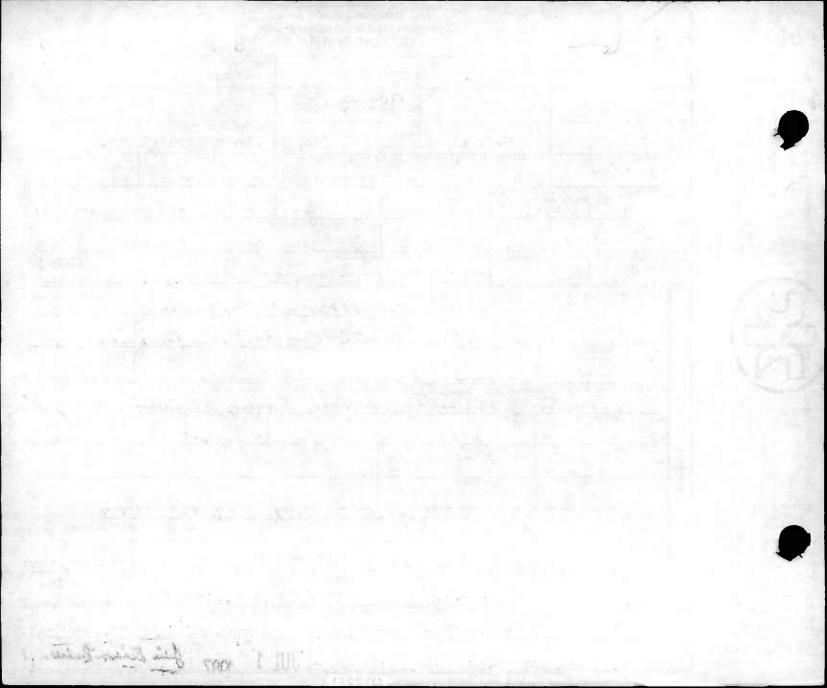
STATE OF MARYLAND

| JUL | | STATE REGISTRAR | | | | | TIFICATE OI | DEATH | 8 | REG. NO. | 1 5 | ਲ | 4 6 |
|------------------------|---------------|---|---------------------------|---------------------------------|--|-------------------------------------|--------------------|----------------------|-----------------|--------------------------|--|-----------------------|---------------|
| | | CEASED NAME FOR PRINT) | MELV | 'IN | E. | REX | ROTH | | Jun | e 30, | | AR 2b | HOUR M |
| | 3. SE | × Male | | 4. RACE W. | hite | 3. DA | 16230° | 1923 | 6 AGE LINYEA | | MONTHS (| YEAR IF U | INDER 24 HRS. |
| 5 | | RTHPLACE (STATE C | OR FOREIGN | 76. CITIZEN OI | S. | MAR | RIED NEVE | R MARRIED D | | | del Co | | MD. |
| | | Brookly: | n | 10 F | On Ai | TURSING HOA | AE OR OTHER IN | ISTITUTION | | CUPATION OR MOST OF WORK | (INDUS | STRY | siness or |
| ed must be | 130 | AL RESIDENCE (IF NO STATE MD ATHER'S NAME | 136. COUR | OTHER INSTITUTIONTY | 13c. CITY OF | e BEFORE ADMISSI R TOWN OKLYN | 13d INSIDE | CITY LIMITS? | 13e.STREET AD | DRESS / ZIP | | | |
| a Committee | | FIRST W. | illia | | Rexr | oth | | Mary | | ADDRESS | Meka | | |
| le medico | | VAS DECEASED EVE YES NO OR UNKNOWN) NO | | MED FORCES? /E WAR OR DATES) | | 2 3578 | | Tate,36 | 47 Aral | | W. Pa | lm Be | 3406) ach, F |
| njury, ar ather trauma | NC | Conditions, if ar gove rise to in couse (a), sta underlying cau | mmediate ting the | DUE TO, (c) | OR AS A CON | SEQUENCE C | F BUT NOT RELAT | CKI ED TO THE TERM | MINAL DISEASE | me a | N GIVEN IN PA | RT 110 | - D |
| | CERTIFICATION | 19a DATE OF OPER | ATION | 196 CONI | DITION FOR V | VHICH OPERA | TION WAS PER | | 20a AUTOP | 5Y? 20b. | IF YES, WERE F CERTIFYING CA YES | | |
| or Item 18 sh | MEDICAL CER | 21a, ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME 21d INJURY OCCL | CAUSE OF DE | HOUR A | OF INJURY A.M. MONTI P.M. E OF INJURY | | 211 LOCA | | | | | 18 | SAAY. |
| T: If Rem 21 is marked | M | 22a.1 certify that | ised alive an | ital) offended (| | trom 4 | /// | y) (aur) apinion | 2 to | | 22c. [| Z, that m the cous | |
| MPORTAN | | | PRES | BBITER | |) . | 784 | ess 5 Oakw | ood Rd. | | Gle | | mie, |
| | | | n, REMOVAL rial | | 3,1987 | | F CEMETERY O | r CREMATORY etery | 23d. LOCAT | , Balti | more Co | | STATE |
| 7/B4 | | orge J. | once. | 4001 Ri | | DRESS | 214) 221+imor | F111 | E REC'D. BY REC | 07 8 | LA DOMA | TATURE | Lasto |

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

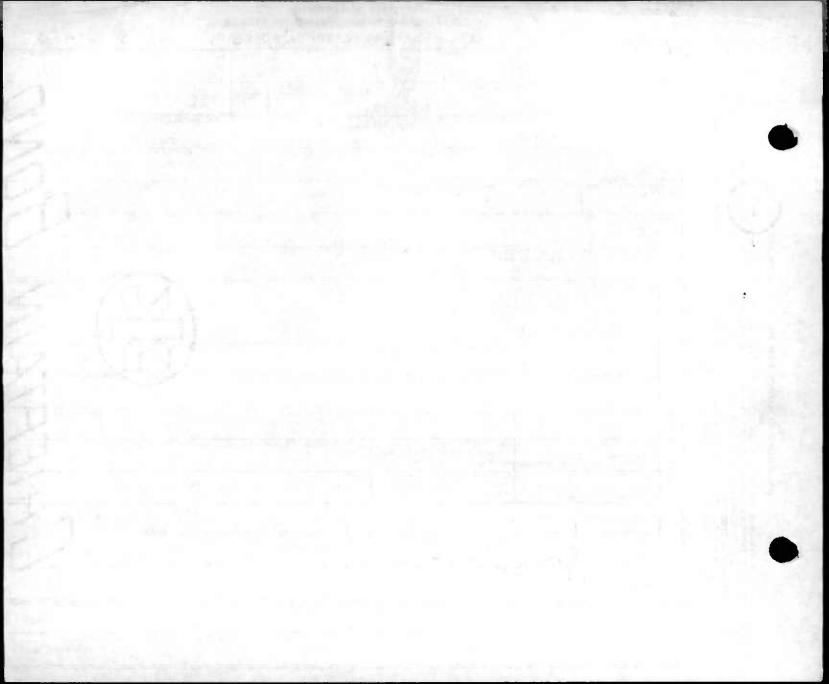
TO FUNERAL DIRECTOR: After this certificate has be TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.



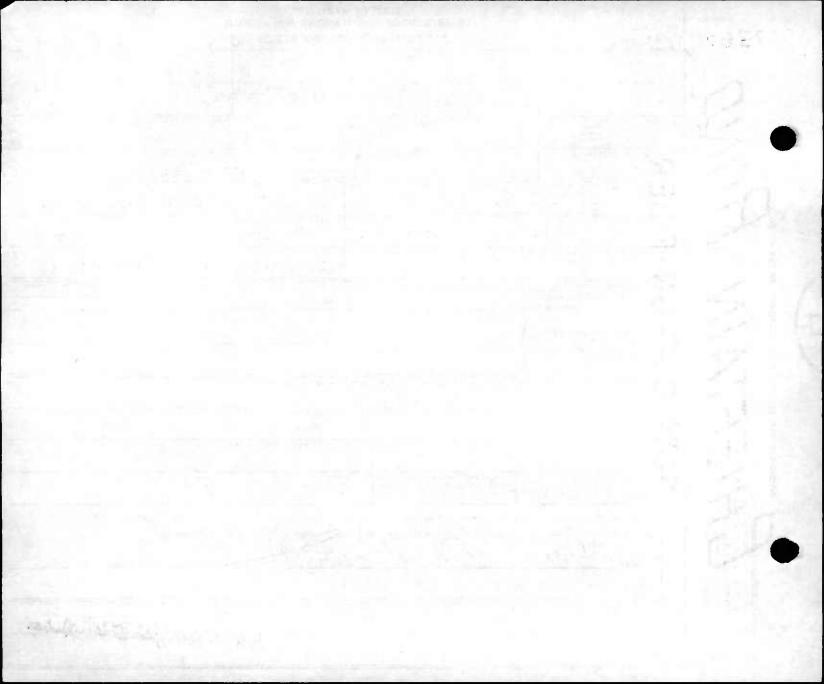
| 58491 ## | K1. | FOR STATE REGISTRAR | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 7 REG. NO. 1 5 8 4 7 |
|--|---------------|--|--|
| e 4 moy be that poge 3 cifer death | 1. DE | CEASED NAME FIRST PEAR | 10 PROPERTY 120. DATE OF DEATH MONTH DAY YEAR 126. HOUR 10 PROPERTY 120. DATE OF DEATH MONTH DAY YEAR 126. HOUR 14. RACE 15. DATE OF BIRTH 16. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS |
| oth Poge 4 m | 1 | Phole IRTHPLACE (STATE OR FOREIGN EQUINTRY) | 16 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER |
| offer de | 10 | laryland ity or to yn of DEATH On and lis | U.S.A. WIDOWED DIVORCED Hone Hrunde MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), The notion such facility, give street address), The notion of the street of the notion (Type of working life) INDUSTRY Retired Nurse |
| trand 212 | USU 13a | AL RESIDENCE (IF NURSING HOME OF | R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) |
| iore, Maryl ecuted within d completely d completely edicol exomine | 16a | YEARST WAS DECEASED EVER IN U.S. AR | IVE WAR OR DATES) |
| it., BALTIM | | PART 1. DEATH WAS CAUSE | only one couse per line for (a), (b), and (c.) ED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE CAUSE (a) CARCINOMATORIS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH |
| hat the death. by the attend are content within 24 hours by the attend are content and completely filled in by use remove could be filled. It cremation, an exercise 1 and spould be fill other troumatic event, the medical examination and other troumatic event, the medical examination are | | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) |
| ECCRDS, 201 ow requires the been signed been signed prior to burial any injury, or | ATION | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 1206. AUTOPSY? 1206. IF YES, WERE FINDINGS USED |
| ON OF VITAL REC MYSICIAN: The lov ding physicion. Is certificate hos the buriol-tronsit perm Mental Hygiene p | CERTIFICATION | 21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE | YES NOTE IN CERTIFYING CAUSES OF DEATH? YES NOTE NOTIFY NOTIFY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) |
| ISIN THE | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | cain . |
| R ATTEND hospital and RECTOR: A red for use for use ppt. of Heal tem 21 is m | | 22a. I certify that (I) (this hosp saw the deceased alive or | ortal) attended the deceosed from 5 - 29, 19 6, to 19 7, that (I) (we) last in 5 - 19 7, ond that in (my) (our) apinion death occurred an the date and hour and from the couses stated later to the body after death. DEGREE 22c DATE SIGNED |
| OSPITAL O | + | R | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6-30-87 270 ADDRESS TALL C. ddv 6 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| Bb——— shoul | تا | BURIAL, CREMITION, REMOVAL | July 1987 Rogers Cemetery Deale AA MO |
| DHMH - 16 60M 7/84 (VRA 15, 4) | I | uneral director | Chapel Annapolis MU JUL 02 1987 Julio Vicinia |

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| | | | tems, 18a., & | | D. | 187 ST. | | ANDMEN | NTAL HYGIEN | JE | | | |
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| c n i | 7 1000 | | STATE by Med. | Ex., / Gb | j. MED | ICAL EXAMI | | | ATE OF DE | ATIL! | No. 5 | 3 4 | 8 |
| JU! | 8 JUN -2 | 1. DE | CEASED NAME | FIRST | | MIDDLE | | LAST | | 20. DATE KNOWN | MONTH | DAY YFAR | 2b. HOUR |
| | ET 88.5. P. ET 8. | (146 | E OR PRINT) | PAUL | | R. | R | OSE TO | | OF ESTI- DEATH MATED | □ ₅₋₂₂₋ | 8719 DXY YEAR | |
| | RECTOR. RECTOR. R FILES. PHOURS STREET, | 3. SE) | 4. RACE | | ATE OF BIRTH | .967 20 G. AGE (IN | EARS IF UN | DER 1 YR. | UNDER 24 HRS. | 2c DATE PRONOUNCED | | | 20 1100 |
| | ON STATE OF | Ma | | | | 967 20 | YRS. | | | DEAD | 5-22- | | \$:387 |
| - | S A S E | 7a. BI | RTHPLACE (STATE OR REIGH COUNTRY) | 76. | USA | AT COUNTRY? | | | R MARRIED | 9 BALTIMORE CIT | _ | | |
| | N S S S S S S S S S S S S S S S S S S S | | TY OR TOWN OF DEA | TH 11 | | ITAL, NURSING HO | WIDOW | | DIVORCED L | Anne Aru | | B. KIND OF B | ME |
| | A LANGE | r | nnapolis | | (IF NOT IN SUCH FACE | undel Gene |) | | FOR | most of working life) tudent | | OR INDUS | |
| 1 | | USUA | L RESIDENCE (IF IN NUR | SING HOME OR OTH | | RESIDENCE BEFORE ADMIS | SION) | 13d. INSIDE CITY | _ | | | 21 | UM |
| 12 | 手を | 13a, S | Md. | 36. COUNTY | , H. | Annapoli | | | NO [] 30 | 16 Arunde | on the | e Bay | 103 |
| 6 | 2 3/10 | | THER'S NAME | 5 MIC | DOLE | LAST | - | FIRS | S MAIDEN NAM | | | LAST | |
| /SE | 20 × 10 | | Pall'i | R | | Rose, Sr. | | | garet | | Williams | 3 | |
| BALTIMO | ETSES / | 16a. V (Y | VAS DECEASED EVER I | N U.S. ARMED (IF YES, GIVE WARD | | 166. SOCIAL SECUR 213-76-18 | | 17. INFORMA | | ADDR | | 0 | |
| 1 | PAG CON PAG | | | 1/5-4 | | | | | aret Ros | e 312 | 4 Winds | | ATE INTERVAL |
| ST | | | PART I DEATH WA | S CAUSED BY: | | or (a), (b), and (c).) | | cemia | | | 91) | BETWEEN ONS | SET AND DEATH |
| TO | 124 H | | 7799 | IMMEDIATE CA | | S A CONSEQUENC | OF | Ų | | 150 | | | |
| PRES | ANSI HE | | Canditians, if a | | (b) | | | | | | | E William | |
| ×. | PENCE | | cause (a) stating lying cause last. | | DUE TO, OR A | S A CONSEQUENC | OF | | | | | | 6 |
| , 20 | S S S S S S S S S S S S S S S S S S S | | | | (c) | | | | | | 11-4-2/ | 1 20 | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | ULD BE EXECUTED WITHIN 24 HOI "PENDING" IN PENCIL IN ITEM: FEMBLISH ALDNG FED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENIAL, CREMATION, OR REMOVAL. | z | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTR | IRUTING TO DEATH BL | IT NOT RELATED TO THE TE | RMINAL DISEASE | OR CONDITION G | IVEN IN PART 1 (o) | | | | |
| REC | MEAL CR | CERTIFICATION | 19a. DATE OF OPERA | ION | 196 CONDITI | ON FOR WHICH OP | RATION W | AS PERFORMI | ED? | | | 20 AUTOPS | Y? |
| IZ | NG THE WORD "PE NG THE WORD "PE O TO THE CHIEF N SHOULD BE USED A PARTMENT OF HER RIOR TO BURIAL, OF | TERC | 100 | | | | | | | | | YES | NO 🗆 |
| OF V | | | 210. EXTERNAL CAUS | | 116. TIME OF I | NJURY MONTH DAY YE | AR 21c. HC | OW INJURY O | CCURRED (ENTER | NATURE OF INJURY IN ITE | M 18 PART 1 OR PART | 2) | |
| ON | CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN I PRIOR TO B | MEDICAL | CONTRIBUTING C | AUSE OF DEAT | H P.M. | 19 | | | | | 1.66 | | |
| VIVIS | THE SE W. D. | WED | 21d INJURY OCCURR WHILE ONT N AT WORK AT WO | | | FINJURY (ATHOME, RY, FARM, ETC.) | | CATION TREE1 | | CITY OR TOWN | COUN | ITY | STATE |
| | I>344- | | AT WORK AT WE | ORK - | | | | | | | | | |
| | TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STILL BATTIMORE, MARYLAND, 2 | | | 1 | V | ribed above, held an | Autop | | Inspection, | Inquiry L. | and in my apin | ion | |
| | RECORD OF SECOND | | death resulted fram: | Natural co | ouses [A], | Accident L., | ouicide | , Hamicid | | termined manner | | | |
| | MI DIE | | ACTUAL SIGNATURE | m | 120 | D | M | | | DICAL EXAMINER | DATE | 5- | -22-87 |
| 70 | MEDICA CUTE THE SE 4 SH FUNER FUNER TIMORE | | / | 1 - | | 1000 | | | | | 3101420 | 100 | |
| | A PER | | (TYPE OR PRINT) | Anr | i M. Dix | | | ADDRESS | 111 Penr | | | | |
| | 522 5E 8 _ | 23a.B | urial, cremation, re Burial | | | 23c. NAME OF C | | | CIT | OCATION Y ORTOWN | COUNTY | Y | STATE |
| 07/B4 25M | BP614 | | UNERAL DIRECTOR | 5/ | 26/87 | Arbutu | s Me. | | DATE REC'D. B | | d. REGISTRAR'S SIC | SNATURE | |
| | ·DHMH - 17 (VR A15 ME (5)) | | Wm C March | F/H We | st 430 | 00 Wabash | Ave. | | JUN 1 | 1987 | the Deales | | alth |
| | (| | | | | | | | 9 9 11 9 | 100: 171 | | | |



| | | | FOR | | D | | | ARYLAND AND MENTAL | HYGIENE | | |
|---|--|---------------|--|---|--|--|-------------------|--------------------------------------|-------------------------------|------------------------------|-------------------------|
| 58736 | | 17 | STATE REGISTRAR | | MED | | INER'S | ERTIFICATE | | REG. No. 5 | 8 4 9 |
| | / | | CEASED NAME | Henry | E/ | dward | D | owe | 20 DATE KI OF DEATH A | ESII- | 14/19 87 |
| PLEAS BETON | STREET. | SEX | 4. RA | | 5 DATE OF BIRTH MONTH GAY June 23 | 6. AGE (III | YEARS IF UN | DER 1 YR. IF UNDE | R 24 HRS. 2c. DATE | MONTH | DAY YEAR 24 HOUL |
| SSARY, P BALDIRE R YQUR | S S S S S S S S S S S S S S S S S S S | 7# BI | RTHPLACE (STATE OR | | 76. CITIZEN OF WH | | 2 _{YRS.} | ED NEVER MAR | 9. BALTIMO | 6/ PRE CITY OR COU | 14/198/ P A |
| NEG STORY | 04 | | New Jers | | USA | PITAL, NURSING HO | WIDOV | ED DIVOR | CED Anne | Arundel C | |
| LOGA | 54 | G | len Burni | e | North Ar | undel Cene | eral H | | Laser T | ech | Goddard Sp |
| D. 21201 | 33 | 130 S | AL RESIDENCE (IF INN | 13b. AOUNT | CO. | Severn | ISSION) | 13d. INSIDE CITY LIMITS? YES NO C | X 7905 So | uth Car | 21144 tier Ct. |
| F- 5/ | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | H. F. | John | L | MIDDLE | Rowe | Sr. | 15. MOTHER'S MAIL Made | | Ri | chards |
| ALTIMO AFTER D SIVE PAGE H FORM | AGES 1 | 16a. V (% | VAS DECEASED EVER | (IF YES, GIVE V | | 16b. SOCIAL SECU 144-34- | | Michael | Rowe 932 | ADDRESS Laurel 6 Decat | u ^{Md} Place |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, M. SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATHRING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, ROED TO THE CHIEF MEDICAL EXAMINER ACIONS WITH FORM PAGES 1. | 3 SHOULD BE UDBD AS A BURIAL: RANNII PERMI PERMINENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL. | z | Canditions, if gave rise to cause (a) statin lying cause lost | IMMEDIAT any, which immediate g the under- | E CAUSE (a) A DUE TO, OR A (b) DUE TO, OR A | rterioscle AS A CONSEQUENCE AS A CONSEQUENCE | CE OF | Cardiovas | scular Dise | ase | BETWEEN ONSET AND DEATH |
| VITAL RECO SHOULD BE ORD "PENDI CHIEF MED | TOF HEALI | CERTIFICATION | 190. DATE OF OPER | | | ION FOR WHICH OF | PERATION W | AS PERFORMED? | | | 20 AUTOPSY? YES X NO |
| ISION OF VISION | EPARTMEN PRIOR TO B | MEDICAL CER | 216. EXTERNAL CAL UNDERLYING CONTRIBUTING 216. INJURY OCCUP | OR CAUSE OF D | P.M. 21e PLACE O | MONTH DAY YE | AR 21f. LO | CATION | ED (ENTER NATURE OF INJUR | | |
| = = ₹ ₹ | 2 4 6 | W | WHILE NOT AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WITH A WORK AT WO | I took charge | e af the remains desc | ribed shows held a | | sy X, Inspect | an , Inquiry Undetermined man | , and in my (| ounty State |
| TO MEDICAL EXAMENSE THE CERT PAGE 4 SHOULD IS | AFTER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2 | | ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) | De | nnis F. S | myth, M.D | | | ll Penn St. | DATI VER SIGN | 6/15/87 |
| 07/84 BP 25M DHMH (VR A15 | I - 17 | 24 FU | urial, cremation, Surial uneral director | | 6-18-87 | Meado | owrid | ge Park | 23d LOCATION CITY OF SE | M HO | ard Add |



0561891

- STATE

3 SEX

REGISTRAR DECEASED NAME

Gertrude

Maryland

Linthicum

NOS. NO OR UNKNOWN)

14 FATHER'S NAME

O. BIRTHPLACE (STATE OF FOREIGN

Harry Griffith

hemale

FIRST

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION.

In WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (o), stoting

underlying couse

190. DATE OF OPERATION

710. ACCIDENT WAS UNDERLYING

WHILE NOT WHILE AT WORK

226. SIGNATURE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED

sow the deceased allower obove, (I) (well did taid

18. CAUSE OF DEATH (Enter only one couse per line for to)

IMMEDIATE CAUSE (o

220.1 certify that (I) (this hospital) attended the deceased from

Dr. Zahid W. Butt, M.D.

M.

White

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 526 Shipley Road

GIVE RESIDENCE BEFORE ADMISSIONI Linthicum

LAST

166 SOCIAL SECURITY NO

212-09-7613

OR AS A CONSEQUENCE OF

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER

HOUR A.M. MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216. TIME OF INJURY

21e. PLACE OF INJURY

the body after death

4. RACE

| STATE (| OF MA | RYLAND |) |
|---------|-------|--------|---|
|---------|-------|--------|---|

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

Scheffel

01/17/10

MARRIED NEVER MARRIED

YES [

17. INFORMANT

Wr. Carl J

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN N

Irene Weck

TIL HOW INJURY OCCU

211, LOCATION

and that in (my) (our) opinio

ATTENDING 1

NO [

5. DATE OF BIRTH

WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

| 8 REG. NO. | 5 | ď | 5 | U |
|--|--------------|--------|-----------|---------------|
| 20. DATE OF DEATH MONTH | DAY_ Y | EAR | 2b. HO | JR |
| June 05, 1987 | | | | м |
| 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER | | IF UNDE | |
| 77 YRS. | MONTHS | DAYS | HOURS | MIN. |
| 9 BALTIMORE CITY OR COUNT | Y OF DEA | TH | | |
| Anne Arundel | | | | MD. |
| 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I | | STRY | BUSIN | |
| 13e STREET ADDRESS / ZIP COL 526 Shpley Roo | ed . | | | 21090 |
| WE | | LAST | | |
| rt | | | | |
| ADDRESS | | | | |
| cheffel 526 Sh | iple | 1 Ro | ad | |
| 7 | | | NATE INTE | RVAL DEATH |
| est | | | | |
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| e | | | | |
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| | | | | |
| AINAL DISEASE OR CONDITION G | IVEN IN PA | RT 1(o | | |
| | | | | |
| | S, WERE F | | | |
| | ES [] | (USES | NO [| |
| RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PA | ART 2) | | |
| | | | | |
| CITY OR TOWN | COUN | ITV | | STATE |
| CITORIOWN | COUR | **** | | STATE |
| 10 65 | 198 7 | | hot (1) (| we) lost |
| deoth occurred on the date and ha | ur ond fro | | , , , | |

morked or Item 18 shows

CERTIFICATION

prior to bu should be detached for use as with the State Dept. of Health (VRA 15, 4)

| 23 BURIAL, CREMATION, REMOVAL | 23b. DATE 06/0 |
|-------------------------------|-------------------|
| 24 FUNERAL DIRECTOR | |

23c. NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery

DEGREE

Dorsey

6325 Washington Blvd. 21227

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

Maryland Howard

Ambrose Funeral Home 1328 Sulphur Spring Rd

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

9/87

JUN9

| | | .м. | |
|-------------|----------------|-------------------|--|
| | 01/11/10 | | |
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| | In. | of Water Colf | enavitani 1 |
| Age no | mis. | Might belowed all | |
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| Sales Estad | I don't am the | T-TY-OTK | 2,0 |
| | as they do | | |
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Accessed Fings of Fines Ed. C. Saffred, Special Ed.

| 56424 JUN 1 | . 0 | FOR STATE REGISTRAR | DEPARTMENT OF H | E OF MARYLAND IEALTH AND MENTAL HYGIE ICATE OF DEATH | 8 REG. NO | | 5 |
|--|---------------|--|---|--|--|---|---|
| 4 may be | | | RACE S. DATE C | DF BIRTH YEAR | AGE (IN YEARS LAST BIRTI | MONTH DAY YEAR P 9,198 HDAY) IF UNDER 1 YEAR MONTH'S DAY | - |
| death. Page death. Page time 22 hours displayed | 1 | IRTHPLACE (STATE OR FOREIGN 76 COUNTRY) OUT OF TOWN OF DEATH 11 | CITIZEN OF WHAT COUNTRY? MARRIE WIDOWE NAME OF HOSPITAL, NURSING HOMEO | DIVORCED | 0 | PRECOUNTY OF DEATH Arundel | MD. |
| ND 21201 | Ü5U | Innapolis P | HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | PEYED HOSPIDE | Homemod 3. STREET ADDRESS / | WORKING LIFE) INDUSTR | |
| BALTIMORE, MARYLAND 2120 core be executed "Ithig 24 hobin yatices and complete an addition to open. Pages 1 of the complete for the medical examples must be in | 160. | ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARME (YES, O BR UNKNOWN) (IF YES, GIVE W | D FORCES? 166 SOCIAL SECURITY NO. | Annie | MIDDLE | Cadi | Drive |
| | - | 14 CAUSE OF DEATH (Enter only) PART I DEATH WAS CAUSED I | W / perto X al | Monday En | Perdel-Edg | | D 21637 |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN. The low requires that the death certif- orthending physician. Net the certificate has been signed by the attending p- as the biolectricates perior to burial. See the corbons the and Mental Hygiere prior to burial. See entition, or rem- orked or them 18 shows any injury, or other traumatric eve- | 7 | Conditions, if any, which gave rise to immediate course to! stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO. | DUE TO: OR AS A CONSEQUENCE OF (c) A CONSEQUENCE OF NORTHORS CONTRACTING TO DEATH BUT | unol Ton | fure Doore NALDSEASE OR CONT. | PLANCE OTTON GIVEN IN PART | too |
| AL RECORDS The low requirement in the prior to the prior | CERTIFICATION | 184 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERATIO | N WAS PERFORMED | 286 AUTOPSY? | 20b. IF YES, WERE FING IN CERTIFYING CAUS YES [7] | DINGS USED ES OF DEATH? |
| ON OF VITA HYSSICIAN, T dding physics burdel-frami Mental Hyg or hem 18 sh | MEDICAL CER | 21s. ACCIDENT WAS UNDERSTORD OR CONTRIBUTING CAUSE OF DEATH (IR BITHER HIGHEY MEDICAL EXAMINER) 21s. INJURY OCCURRED | P.M. 19 Zie PLACE OF INJURY | TH. LOCATION | | | ASIV. |
| of ALOR ATTEND by the hospital or RAL DRECTOR, A delutched for use note Dept. of Hed | WE | WHILE AT WORK AND WHILE AND | ord the body after death. 19 57 or | DEGREE ATTENDING PHYSICIAN [] 12% ADDRESS | to 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | te and hour and from the | that (i) (swelfast he courses stated if sygnet) |
| Bb. Bb. Moster of the second of the second be second be second by the second be second by the second | | Jon 15 | Jacob June 11, 1987 Cec | EMETERY OF CREMATORY Lar Bluff 1250 DATE | Anngola | SA PROJETE A PER ELEM | 1/2140 m D ^{STATE} |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 1. | aylor Funeral | Chapel-Honapol | | N11 1987 | Julia Devider | Parker! |

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O FUNERAL DIRECTO ould be detached that he State Dept MPORTANT: If he STATE OF MARYLAND

DEDARTMENT OF HEALTH AND MENTAL HYCITAL

| 1 - STATE REGISTRAR | | DEFARIT | | ICATE OF DEATH | 0 / | 3. NO. | 5 0 | E | m |
|---|---|---------------------------|--------------|------------------------------|----------------------|-------------------|--|--------------|---------|
| T DECEASED NAME | FREE | WIDDLE | | AST | 24 DATE OF DEAT | H MONTH | SIAN YEAR | 2h HOL | R |
| CHARI | ES S | | SERI | 0 | JUNE | 11 | . 1987 | 550 | AW |
| J. SEX | 4 RACE | | 5. DATE C | | 6. AGE IMYEARS LA | U BIRTHDAY) | F LINDER I YEA | # IF UNDER | |
| Male | Wh | ite | Dec. | 8, 1898 | 88 | YR5. | HONTHS BAT | HOURS | . Mile. |
| 7a: BIRTHPLACE (STATE DAYS COUNTRY) | HEGN /h CITIZEN O | F WHAT COUNTRY? | 1 | D NEVER MARRIED X | 9. BALTIMORE CIT | Y OR COUNT | Y OF DEATH | | |
| Italy | U.S | | WDOWE | | ANNE | ARUNDE | EL COUN | TY | MD. |
| GLEN BURN | (# NOT IN) | UCH FACILITY, GIVE STREET | ADDRESS) | TTAL | 12a USUAL OCCU | OS! OF WORKING L | HEI INDUSTR | of Busing | SS OR |
| IUSUAL RESIDENCE IN MURIO 13a STATE MD | A.A. | Riviera | N | 134 INSIDE CITY LIMITS? | 170 Ken | | | 122) | |
| 14. FATHER'S NAME | Salvatore | Serio | | 13. MOTHER'S MAIDEN NA PROSE | | | 10,-10 | ADF | |
| The WAS DECEASED EVER I | N U.S. ARMED FORCES | 36.71 | | Mary Laber, | 077 | Ave. R | Riviera | 2112 Beac | |
| Conditions, if ony, gove rise to imm couse (a), stoting underlying cause PART 2 QTMER_SIGN | MMEDIATE CAUSE (o) DUE TO. which (b) ediate (he) Due TO. Just FICANT CONDITIONS | OR AS A CONSEQUE | ENCE OF WALL | Carlinas | t Our | J. Co | MINE MAKE | A Jo | en f |
| TIE ACCIDENT WAS UNDER | | DITION FOR WHILE | OPERATIO | , , | YES NO | IN CERT | ES AVERE FINE IF YING CAUSE (ES [] | NO [| |
| TIS. ACCIDENT WAS UNDER | | OF INJURY A.M. MONTH D | AY YEAR | TIL HOW INJURY OCCUR | RED (ENTER NATURE OF | INJURY IN USER 18 | PART) DEPART 2 | | |

THE INJURY OCCURRED

He PLACE OF INJURY

AT HOME SHEET FACTORS GREICE FARM ETC.)

TH LOCATION

COUNTY CITY OF TOWN

STATE

ATTENDING PHYSICIAN

73a BURIAL CREMATION, REMOVAL

Burial

23s. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

72x ADDRESS

MARYLAND

3708 MOUNTAIN ROAD

Woodlawn, Baltimore Co., M D

DHMH - 16 60M 7/84

(SPECIFY)

(VRA 15, 4)

George J. Conce, 4001 Ritchie Hg., Baltimore, MD

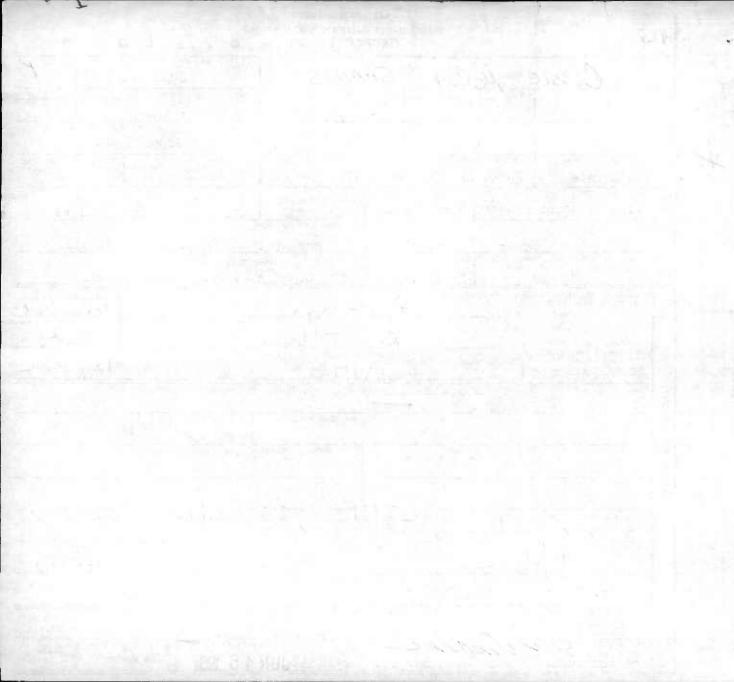
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STITION OF SHARE SEEDS

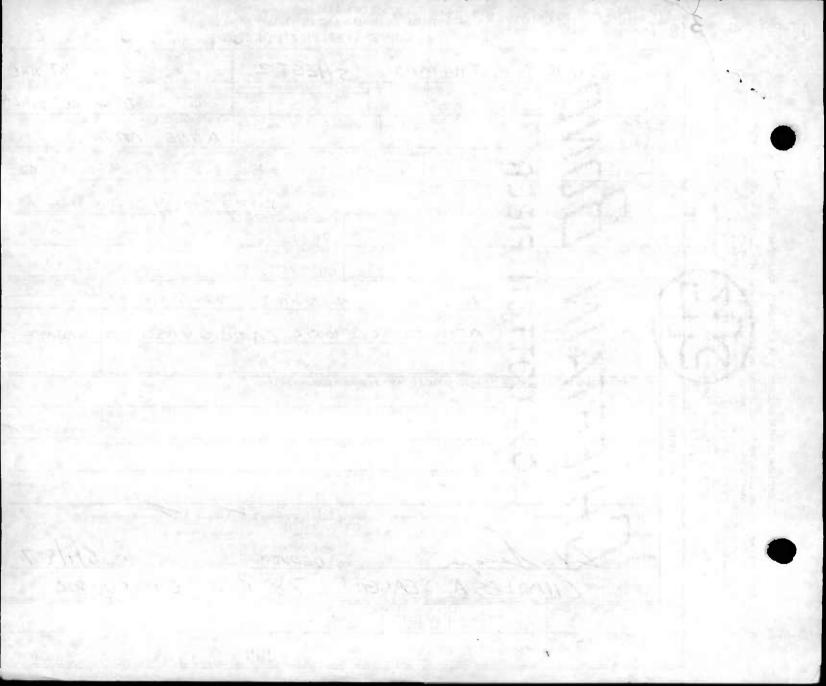
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| | OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death basental or ottending physician |
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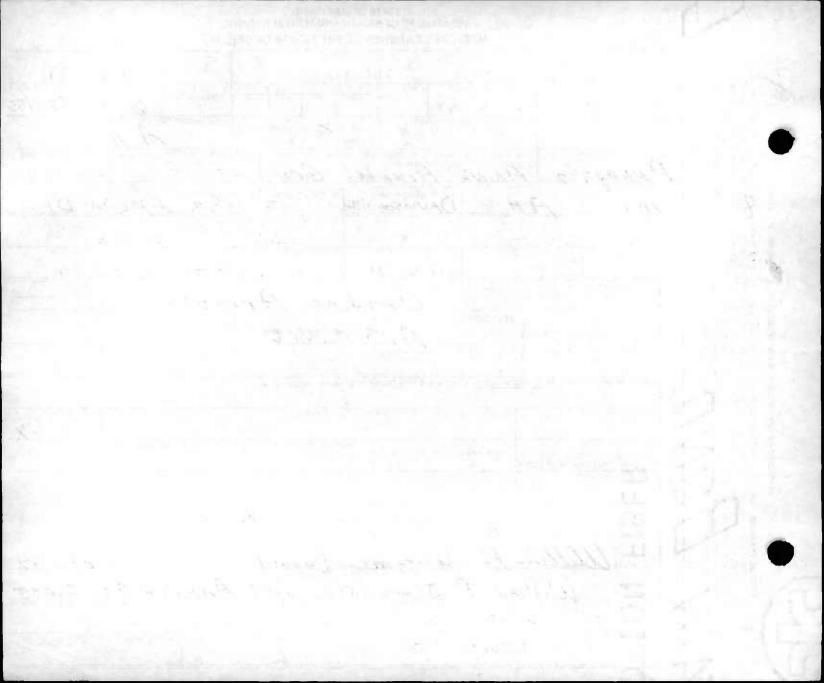
| | | | | | IE OF MARTLAND | | |
|-----|---------------|--|---|------------|--|---|---|
| UN | T. | FOR | DEPART | | HEALTH AND MENTAL HYG FICATE OF DEATH | SIENE 8 / | 5 8 5 3 |
| - | I DE | REGISTRAR CEASED NAME - FIRST | MIDDLE | CERTI | TAST | REG. NO. | DAY YEAR 25 HOLLD |
| | | OP DRIENT | < 11. C. 1 | CI | HANIC | te bale of bealth | 14, 1987 2b. HOUR |
| + | 3. SE: | C0551 | MCCOY | IS DATE | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24+ |
| | J. JE. | Female | White | MONT | H DAY YEAR | | MONTHS DAYS HOURS M |
| 24 | la. Bi | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | Apr | | 9 BALTIMORE CITY OR COUR | |
| 19 | | Virginia | USA | MARRIE | ED NEVER MARRIED | Anne Aruno | |
| | 10. CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURS | ING HOME | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | 126. KIND OF BUSINESS |
| 4 | | len Burnie | North Arundel | _ | | TYPE OF WORK FOR MOST OF WORKIN Homemaker | Own Home |
| 5 7 | 13a S | | ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY Arundel Glen Bu | | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | |
| 5 | 4 | | Arundel Glen Bu | irnie | YES NO X | 605 Binsted B | Road 21061 |
| 100 | 14. FA | THER'S NAME FIRST | MIDDLE LAST | | 15 MOTHER'S MAIDEN NA. | ME | LAST |
| 6 | | | rthur Powel | 1 | Margare | t Cedilia_ | Staples |
| 1 | | AS DECEASED EVER IN U.S. AT | RMED FORCES? 16b. SOCIAL SEC | URITY NO. | 17. INFORMANT (Hus | sband) ADDRESS | |
| / | | No N | | 8592 | Ashby D. Shar | nks, Sr. Sam | e as #13 |
| | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | nly one cause per line for (a), (b), a | nd N | .1. | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| | | | TE CAUSE (a) | 4/4 | Hur (| | Immedy |
| | | | DUE TO, OR AS A CONSEQU | JENCS OF | 4 . | | ~ /1/ |
| | | Canditions, if any, which | (b) | Ru | w/ mi | | 2006 |
| | | cause (a), stating the | DUE TO, OR AS A CONSEQU | JENCE OF | -111 | | 10 10 |
| | × | underlying cause lost. | (c) | | DUD | | I wall las |
| | N | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT | T NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART 11a |
| 7 | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | ON WAS PERFORMED | | YES, WERE FINDINGS USED |
| 4 | TIFE | | | | | YES NO IN CE | RTIFYING CAUSES OF DEATH? |
| 0 | CER | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MONTH | DAY VEAD | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART I OR PART 2) |
| 9 | CAL | OR CONTRIBUTING CAUSE OF DE | Alli | 19 | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | FARM FIC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | 2 | AT WORK NOT WHILE AT WORK | | -1 | 21 | - 112 | |
| | | | ital) ottended the deceosed from | 2 | 19 8 | , to (1) | , 19 |
| | | saw the deceased alive at abave, (1) (we) (did) (did no | ot) New the body after death. | , 0 | nd that in (my) (ayr) apinion | death accurred on the date and | hour and from the causes stated |
| | | 226. SIGNATURE | | | DEGREE | | 22c. DATE SIGNED |
| | | 16/6 | ohin | | | MEDICAL STAFF DIRECTOR PHYSICIAN | (4)>10 |
| | | 22d. PHYSICIAN'S NAME | 27017074 | | 220 ADDRESS Garre | tt Co. Medical | Group |
| | | Dr. Inomas | Johnson, M.D. | | 0ak1a | nd, Maryland | 21550 |
| | 23a. B | URIAL, CREMATION, REMOVAL | | | CEMETERY OR CREMATORY | 23d. LOCATION | COUNTY STATE |
| | | burial | June 17,1987 L | oudon | Park Cemetery | Baltimore | Marv1a |
| | 24. FL | NERAL DIRECTOR | DUMINADORESS. | | 250. DAT | E REC'D. BY REGISTRAR 25) REG | Dender Lander |
| | S: | ingleton Funera | al Home Glen Bu | rnie, | Maryland JUN | 1 6 1987 Julia | Designation Vanna |



| 3 | | | F.H.Film | m 06297 | 623 A TMENT | STATE OF A | ARYLAND AND MENTAL | HYGIENE | | | |
|--|--|--|--|--|--|--|--|--|---|--|--|
| 105 - | | | | ME | | AINER'S | ERTIFICATE | OF DEATH | REG. NO. | 5 8 | 5 4 |
| 2 4 4 5 E | | OR BRIDITY | FIRST | T | | 5 | SHEGT | OF | ESTI- | 11100 | 19 87 014 C |
| SY, PEA DIRECT OUR FILL NN STRE | 3. SEX | | | MONTH DAY | YEAR LAST | BIRTHDAY) MONT | | MIN. PRONOU | NCED J | | 187 0142 |
| NERAL FOR YOUR WITHIN | 7e BIR | THPLACE (STATE OR | 7b | CITIZEN OF WI | | 8. MARR | | RIED [| - | | DEATH |
| SHA G | 10 CIT | len Burn | TH II | NAME OF TOS | PITAL, NURSING P CILITY, GIVE STREET ADD | HOME, OR OTH | ER INSTITUTION | 12a. USUAL OCCU | JPATION (TYPE OF | F WORK 12b. KII | ND OF BUSINESS R INDUSTRY Thiture |
| . 0 = 0 4 3 | USUAL | RESIDENCE (IF IN NU | SING HOME OR OT | THER INSTITUTION, GI | VE RESIDENCE BEFORE A | DMISSION) | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDR | RESS | 9 | 17315 |
| - 45 8 9. P | T/FA | THER'S NAME | | | | | 15. MOTHER'S MAID | ENNAME | | rive | LAST |
| ANGA | | rban | (| | Sheet | | Ruby | | | Thoma | |
| VE PAR VE PAR VE PAR VE PAR VE PAR SIGN | (YES | AS DECEASED EVER | | | | | | Sheet 7 | | Donna | |
| OURS A 11B. GII G WITH MIT. PA | | | H (Enter anly a AS CAUSED BY | | far (a), (b), and (c |).) | annu/ | | | AI | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| ALON ALON IT PER YOVAL | | | IMMEDIATE C | | | | CONTIC | 1 //030 | 1110101 | | |
| SZ Z Z Z Z | | gave rise to cause (a) stating | immediate | < , , , | | | notic (| ANDIO | VASCO | cm 1 | DISGASE |
| ECUTE L EXA URIAL ND ME | | | | (c) | | | | | | | |
| BE EXENDING WEDICA | NO | PAKI Z UTNER SIGNIFICAN | I COMUITIONS CON | IKIBUTING TU DEATN | BUT NOT RELATED TO TH | E TERMINAL DISEAS | E OR CONDITION GIVEN IN P | ART 1 (a). | | | |
| 00=24 | FICATI | 190 DATE OF OPERA | TION | 196. CONDI | TION FOR WHICH | OPERATION W | AS PERFORMED? | | | | AUTOPSY? |
| ATE S FE WO THE O | | UNDERLYING D | OR | HOUR A.N | MONTH DAY | YEAR | DW INJURY OCCURR | ED LENTER NATURE OF IN | NJURY IN ITEM 18 PAR | | YES NO |
| ARDED TO AGE 3 SHO ATE DEPAIR | MEDIC | 214 INJURY OCCUR | RED | 21e PLACE | OF INJURY (ATHO | ME, 211 LO | | CITY OR TO | OWN | COUNTY | STATE |
| AINER: THE FICATE, THE FORW CTOR: PATHE ST. LAND, 2 | | 220 I certify that | l taak charge o | | cribed above, held | on Autop | sy , Inspection | | | n my apinian | |
| AL EXAMPLE CERTIFICATION DE MAINT. WITH, WITH | 1 | ACTUAL SIGNATURE | 11. | lean | <u></u> | | TITLE (SPECIFY) | MEDICAL EXA | MINER | DATE SIGNED | 4187 |
| MEDIC ECUTE TI GGE 4 SH TER DEA | | EXAMINER'S NAME (TYPE OR PRINT) | CHA | RLES | A. SE | 46CR | ADDRESS 780 | nite! | 416 Au | VYSU | PK |
| 524548 | Bi | irial | Jur | | | | netery | | | | STATE |
| DHMH - 17 (VR A15 ME (5)) | | | | Home (| Glen Burn | ie, Man | yland J | | AR 256 REGIST | Maris SIGNAT | WRE Kandara |
| | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA EXECUTE THE CERTIFICATE, WRITING THE WORD. "THE PRICIL IN TEM 1B. GIVE PAGES 1, 2, AND 3 TO, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 4 SHOULD BE TAKEN THE STATE DEPARTMENT OF HEALTH AND MENTAL DIRECTOR PM. 3. RECORDS. "BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL." | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, FEASE EXECUTE THE CERTIFICATE, WRITING THE WORD." FENDICAL INTERNITY OF PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PRIMITY PAGE. FOR YOUR FILES. AFTER DEBATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION MEDICAL CERTIFICATION A MEDICAL CERTIFICATION A MEDICAL CERTIFICATION A MEDICAL CERTIFICATION | TO FUNERAL DIRECTORS TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS THIS CERTIFICATE. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS TO FUNE HELES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE EXECUTED BETTING THE HOURS THIS CONTRIBUTION. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE EXAMINER ALONG WITH FORM PAGE 5. FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE EXAMINER ALONG WITH FORM PAGE 5. FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE EXAMINER ALONG WITH FORM PAGE 5. FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE EXAMINER ALONG WITH FORM PAGE 5. FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE EXAMINER ALONG WITH FORM PAGE 5. FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE EXAMINER ALONG WITH FORM PAGE 5. FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE EXAMINED TO BE FUNED WITH PAGE 5. FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 5. FOR YOUR | TOTON BE THE TOTON BE EXTENDED BE CONTROL TO THE CHIEF OF PRINTING THE WIGHT FOR THE W | THE REGISTRAR I. DECEASED NAME REGISTRAR II DAY REGISTRAR II DAY REGIST | THE STATE REGISTRAR MEDICAL EXAM. I. DECEASED NAME FIRST MODIE THO MAY T | DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C. THO MAS SECURITY OF PRINTING SECURITY OF THE PRINTI | DECEMBED NAME DECEMBED NAME TRAST | DEPARTMENT OF HEALTH AND MENTAL HYGIEST SECRIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH IT OF PRINT JABOUR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE REDISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REDISTRAR MACHINER'S NAME ILLE OF THE CONTROL OF THE PROPOSITION OF THE PROPO | DEPARTMENT OF HEALTH AND MENTAL TYGINE REGISTE AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTED AND MEDICAL EXAMINER'S CHARGE OF DEATH REGISTED AND MEDICAL EXAMINER'S |



| 57072 JUN 19 | 67 | | | MARYLAND | | | |
|--|---|--|--|-------------------------------|--|----------------------|--|
| | 1 - STATE | | DEPARTMENT OF HEALTI | | 500 | 1 5 0 | 7- |
| | REGISTRAR 1. DECEASED NAME | FIRST | DICAL EXAMINER'S | LAST LAST | REO. | ND. 3 0 | YEAR 75 HOUR |
| 1 6 | (TYPE OR PRINT) | T 1 | | | 26. DATE KNOWN OF ESTI- DEATH MATED | | _ |
| EAS TICK SUUR REET | 3. SEX 14 RA | 0411- | | NDER 1 YR. IF UNDER 24 | | MONTH DAY | 9 87 M |
| (RY, PL DIREC OUR F ON STI | m c | MONTH DAY | YEAR LAST BIRTHDAY) MON | | PRONOUNCED DEAD | 6 11 | 87 1455 |
| IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5-FOR YOUR FILES. D WITHIN 72 HOURS | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | MARE | NEVER MARRIED MED DIVORCED | · L1 | OR COUNTY OF DE | MD MD |
| PAGE | ANNARO | 110 HUNTIN SUCH FA | SPITAL, NURSING HOME, OR OTI CILITY, GIVE STREET ADDRESS) THUNGE | l Gen | 26. USUAL OCCUPATION (FOR MOST OF WORKING LIFE) Carpenter | ORI | D OF BUSINESS INDUSTRY Struction |
| MD. 21201 M. A. S. | USUAL RESIDENCE FINN 130. STATE Md | URSING HOME OR OTHER INSTITUTION, GI | VE RESIDENCE BEFORE ADMISSION) 131-CITY OR TOWN DAVIDSONVILL | | 30 STREET ADDRESS | KOUA | 35. |
| W E-Z | T4. FATHER'S NAME | MIDDLE | LAST | 15. MOTHER'S MAIDEN | NAME | U | AST |
| m 45/0/23// | Oron | E. Sherbert | | Gertrude | e C | randel1 | |
| ATTER DE MANERAGES I A SISION OF SISIN OF SISION OF SISIN OF S | 160. WAS DECEASED EVER (YES, NO, OR UNKNOWN) | R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) | 166. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRE | | 3 |
| PRS AF | yes | WW II | 1517-26-3295 | Mildred T. | Sherbert (sa | me as abov | |
| E RANGO ST. | 18 CAUSE OF DEA PART I DEATH V | ATH (Enter only one couse per line WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR | AS A CONSEQUENCE OF | ine A | nvest- | BETWE | RÖXIMATE INTERVAL EEN ONSET AND DEATH |
| W. PRE WITHI WINER TRANS TRANS | Conditions, if gave rise to cause (o) stotin lying cause last | immediate (b) | AS A CONSEQUENCE OF | C, V, D | • | | |
| CORDS, 2011 BE EXECUTED NDING" IN PI REDICAL EXA SA BUBIAL- LITH AND ME REMATION, 0 | | NT CONDITIONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMINAL DISEA | SE OR CONDITION GIVEN IN PART | Î (a) | | |
| UID UPPER MED ALL, C | 190 DATE OF OPER | ATION 196 CONDI | TION FOR WHICH OPERATION V | VAS PERFORMED? | | 20 AU | JTOPSY? |
| SHOULD ORD "PE CHIEF A CHIEF A CHIEF HE USED YE HE WELL OF HE USED A CHIEF HE | AH L | | | | | YE | S NO |
| DIVISION OF VITAL REC S CERTIFICATE SHOULD E RITING THE WORD "PEN RDED TO THE CHIEF ME ER 3 SHOULD BE USED AS ER 5 PEPARTMENT OF HEAD | | OR HOUR A.M CAUSE OF DEATH P.M | A. MONTH DAY YEAR | 28 5- | METI MI YRULMI PO BRUTAN NETMB ; | 18 PART 1 OR PART 2) | |
| 12AAAKH | CONTRIBUTING 1214 INJURY OCCUI | T WHILE STREET, FACTOR ORK | | STREET | CITY OR TOWN | COUNTY | STATE |
| TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STER BEALTIMORE, MARYLAND, 2 | 22a. I certify that death resulted from | t I toak charge of the remains des m: Naturol causes | Accident , Suicide | | Inquiry , | and in my opinian | |
| CAL EXA THE CER THE CER THOULD RAILH WIII RE, MARR | ACTUAL SIGNATURE | tillian P. | Janomo, | A.D. Deputy | MEDICAL EXAMINER | DATE SIGNED | 11/87 |
| O MEDIO XECUTE AGE 4 3 O FUNE | EXAMINER'S NAME (TYPE OR PRINT) | WIIIIAM | | Address 695 | Americ | ACt. | 21035 |
| BP | | ial 6-15-87 | Mt. Zion UM | Church | Location Lochlan | | MD STATE |
| DHMH - 17 (VR A15 ME (5)) | PAME RAUSC | H FH OWINGSOPRE | D 20736 | JUN | 1 8 1987 | La Dender-K | Bridalle |



(VRA 15, 4)



| 156559 JUN | G 8 | FOR STATE REGISTRAR | DEP | STATE OF MARYLAND ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT | | 1 5 8 5 EM | | | | |
|--|---------------|--|--|--|---------------------------------------|---|--|--|--|--|
| • ω ξ | | CEASED NAME FIRST | WIDDLE | CTTLED | 20 DATE OF DEATH MON | Δ. | | | | |
| noy be page 3 | <u></u> | HAZEL | L | SILVER | JUNE | 13, 1987 100 AM | | | | |
| to to be | 3. SEX | FEMALE | CAUCASIAN | | VEAR 19 77 | MONTHS DAYS HOURS MIN. | | | | |
| Bod one | 70 BIF | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | ITRY? 8 | - 9 BALTIMORE CITY OR CO | OUNTY OF DEATH | | | | |
| 4 11 1 | 0 | NNESSEE | U.S.A. | MARRIED NEVER MARR | IED | INDEL COUNTY MD. | | | | |
| | | GLEN BURNIE | 11. NAME OF HOSPITAL, N | URSING HOME OR OTHER INSTITUT STREET ADDRESS) IDEL HOSPITAL | | 12b. KIND OF BUSINESS OR | | | | |
| BALTIMORE, MARYLAND 21201 cote be executed within 34 lights vision and completely illingopers. Pages 1, and 2 shadill viol. it, the medical examiner must be | Ma Ma | | NTY 13c. CITY OR | burnie YES NO | 🖹 102 Crain F | Are Apts 21061 WY Apt 909 | | | | |
| completely and exomine | 1 | THER'S NAME FIRST E.C. | MARSHAL MARSHAL | L BERTI | E | KELLER | | | | |
| IMORE, | | (AS DECEASED EVER IN U.S. AF ES, MOOR UNKNOWN) (IF YES, GI | WE WAR OR OF THE STATE OF THE S | | Cape Canavera15, Y.Capriotti 22 | | | | | |
| ST., BALT | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE | nly one couse per line for (a), (| AL FAILURE | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certical physician. After this certificate has been signed by the attending to she burnol-transit permit. Then please remove carbon the and Mental Hygiene prior to burial, cremation, or resorted presents as show-carry injury, or other troumotic events. | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) OBSTRUCTIVE UROPATHY DUE TO, OR AS A CONSEQUENCE OF (c) PANCREATIC CARCINOMA | | | | | | | | |
| ORDS, 20 requires to require to the ple for to burne to the control of the contro | NO | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ACUTE My 0 Caudral Infanction, Sepsil Gastointest nelbled | | | | | | | | |
| AL RECC | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATION WAS PÉRFORME | | D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO | | | | |
| ON OF VITA HYSICIAN: Ti ding physici is certificate burrol-tronsi Mentol Hygi | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE | ATH HOUR A.M. MONTH | 1 DAY YEAR | OCCURRED (ENTER NATURE OF INJURY IN I | TEM 18 PART I OR PART 2) | | | | |
| UVISION offendin offer this offer | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 210 PLACE OF INJURY LATHOME, STREET FACTORY, O | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE | | | | |
| DR ATTENDIF hospital or IRECTOR: A shed for use elept. of Health | | 22a.1 certify that (I) (this hosp sow the deceased alive of above, (I) (we) (did) (did) | / - \) | X -1 - | opinion deoth occurred on the date o | nd hour and from the couses stated | | | | |
| | | 226. SIGNATURE | lud | | NDING MEDICAL STAFF | 221. DATE SIGNED 6 13 57 | | | | |
| TO HOSPITAL (retoined by the TO FUNERAL Is should be detoo with the Store IMPORTANT: If | | SURYA P MU | NDRA MUNDR | A MD 220 ADDRESS | 20303 @ PAPAPSTOP | AVEED AVE | | | | |
| PP | | URIAL, CREMATION, REMOVAI CREMATION | | 230 NAME OF CEMETERY OR CREM Westview Park | | le Balto. Md^ | | | | |

260 DATE REC'D. BY REGISTRAR 36 REGISTRAR 5 SIGN UR

Raymond C. Fink Glen Burnie, Md 21061

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

and the same of th

24 hours ofter death. Page 4 m

executed within

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

ottending physicion.

retained by the haspital or

BP.

STATE OF MARYLAND

| | | STATE REGISTRAR | | DEPART | | ICATE OF DEATH | 8 REG. N | 10. | 5 3 | 5 8 |
|----|---|--|--------------------|--------------------------------------|-------------|-----------------------------------|-------------------------------|----------------|--|---------------------|
| | | CEASED NAME SYLVI | A | WIDDLE | SK | Idmore | 20. DATE OF DEATH | /3 | /87 | 120 |
| 3. | SEX | | 4. RACE | | 5. DATE C | | 6. AGE (IN YEARS LAST III | ETHERAY) | HUNTER LYEAR | IF UNDER 74 HIS |
| l | | Female | Whi | te | Sept | | | 33 YHS | ACNUS DAYS | HOURS MIN. |
| 70 | . BIR | RTHPLACE (STATE OF FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | - |
| 1 | Ne | ountry) ew Jersey | United | States | WIDOWE | | Anne Ar | unde] | L Co. | MC |
| 10 | . CI1 | TY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL, NURSII | | OR OTHER INSTITUTION | 12a. USUAL OCCUPAT | | | OF BUSINESS OR |
| | Ar | nnapolis | Anne A | cheacility, give street rundel Ge | eneral | . Hospital | Retail | | | Store |
| U | SUA Bo. S | AL RESIDENCE (IF NURSING HOME TATE 13b. CO A. | UNTY | 13c. CITY OR TOV Arnold | | 13d. INSIDE CITY LIMITS? YES NO T | 13e.STREET ADDRESS | | | 21012 |
| 14 | . FA | THER'S NAME | | | | 15. MOTHER'S MAIDEN NA | | 7 | | |
| | Henry Skidn | | | | | Julia | WIDDLE | | Dykst | |
| 16 | 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | | | | URITY NO. | 17. INFORMANT | ADDR | ESS | | |
| | NO (145, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 142–14- | | | | 0607 | Mrs. June P | atterson (| same | as 13) | |
| | 7 | PART I. DEATH (Enter only one couse per line for o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | | | | | | | | |
| 1 | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONE | DITION FOR WHICH | H OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | IN CERT | ES, WERE FINDI TIFYING CAUSES YES [] | |
| | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A | .M. MONTH D | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJ | URY IN ITEM 18 | B PART (OR PART 2) | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED | | OF INJURY | 19 | 21f LOCATION | | | | |
| | ME | WHILE NOT WHILE | (AT HOME, S | TREET, FACTORY, OFFICE, | FARM, ETC } | STREET | CITY OR T | NWC | COUNTY | STATE |
| I | | 22a. I certify that/(I) (this ho | spital) attended t | he deceased from | Fe | 19 8 | . to | De | 2434 | , that (I) we) lost |
| L | | sow the deceased glive obove (1) (we) (did) (did | om 6 | 12 18 | 7.0 | nd that in (my) your) opinion | deoth occurred on the | dote and he | our and from the | couses stoted |
| | | 27b. SIGNATURE | C / / | 3 al | | DEGREE ATTENDING | MEDICAL STA | AFF | 22c DATE | ESIGNED |
| 1 | | 22d. PHYSICIAN'S NAME (TY | PE OR PRINT) | 4 | | 22e. ADDRESS | - Director - Titls | CIAIT | | -1/ |
| | | DABBS | , W.F | , (| | 103 6 | IDD/NO | 5 | NIE | |
| 2 | 3a B | urial, cremation, remov specify) Cremation | | | | CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | | COUNTY | STATE |
| - | 4 5. | Cremation | 6-4-1 | 90/ WE | stvie | w Crematory | Westview | Jales De G | Balt. Co | Md. |

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

injury, or other troumotic event, the medic

IMPORTANT: If Item 21 is morked or Item 18 shows ony

(VRA 15, 4)

24. FUNERAL DIRECTOR ROBERT S. BARRANCO SEVERNA PARK MD. 21146 JUN 0 8 1987 Julia Derder Re

355338

Will be

ROBERT S PREMANCO SEVERNA PARK MD 21146

| | FOR STATE REGISTRAR | DEPARTMENT OF HI | EALTH AND MENTAL HYGIE CATE OF DEATH | 8 7 REG. NO. | 15 3 | 5 9 | |
|------|--|--|---|---|---|--------------------------------|--|
| ١ | 1. DECEASED NAME FIRST GAR NETT | · · | HIL WOOD | 20. DATE OF DEATH MO | 15 87 | I L SC A M | |
| | 1. SEX | S. DATE O | PERTH PAY YEAR 8 | AGE (IN YEARS LAST BIRTHD | | IF UNDER 24 HRS HOURS MIN. | |
| 12.4 | 7a. BIRTHPLACE (STATE OR FOREIGN 7b CIT COUNTRY), VIRUINIA | ITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE | NEVER MARRIED | BALTIMORE CITY OR | ALUNO EA | MD. | |
| 4 | | NAME OF HOSPITAL, NURSING HOME O IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 356 MS DOWARD (| 20. (HOME) | 120. USUAL ÖCCUPATION (TYPE OF WORK FOR MOST OF W MECTHAN L | ORKING LIFE) INDUSTRY | ENTS | |
| d | USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE 13b COUNTY | RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN SHADY SIDE | 13d, INSIDE CITY LIMITS? | 36. STREET ADDRESS M | CPONATO P | 16.4 | |
| 1 | 14. FATHER'S NAME FIRST RUBERT FRA | WILLIA SMALLWOV | 15. MOTHER'S MAIDEN NAM | LAURA | HERRIN | (C-00 | |
| | 160, WAS DECEASED EVER IN U.S. ARMED F (YES, NO OR UNKNOWN) (IF YES, GIVE WAR O | | 17. INFORMANT 57 ROBERT | - Surciwoo | 3 | above | |
| | 18 CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY: | 0/110000000 | y ARREST | | APPROXIMA BETWEEN ON | ATE INTERVAL ISET AND DEATH | |
| | gave rise ta immediate | DUE TO, OR AS A CONSEQUENCE OF UND CONSEQUENCE OF (c) | | | | | |
| | PART 2 OTHER SIGNIFICANT COND | nal disease or condi | TION GIVEN IN PART 1(a) | | | | |
| 2 | The DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION | N WAS PERFORMED | | NOB. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES | | |

| 11 a DATE OF OPERATION | 196. CONDITION FOR WHICH OPERATION W | AS PERFORMED | 1 |
|--|---|---------------------|---|
| | | | Y |
| 21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR | HOW INJURY OCCURRED | |

(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION COUNTY

NOT WHILE 22a.1 certify the (this hospital) attended the deceased from

STATE CITY OR TOWN STREET that (I) (we) lost

and that in (my) aur) opinian death occurred an the date and hour and from the causes stated

saw the deceased olive and abave, (I) (we) (did) (did no)) view the bady after death

23b. DATE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OR PRINT)

134 BURIAL, CREMATION, REMOVAL

22e ADDRESS

DEGREE

UIPER

23 AME OF CEMPTERY OR CREMATORY

REGISTRAR 256. REGISTRAR'S SIGNATURE

BP.

TO FUNERAL DIRECTOR.

ATTENDING PHYSICIAN

HOSPITAL

m 21 is marked or item 18

MPORTANT: IF he

UNERACHONE

DHMH - 16 50M 1/81 (VRA 15, 4)

E R E L V B C CHICK CON A 06/15 87 12 87 12 87 超 84 8 Aune AconoEL CHARLES AND THE CHARLES WHEN THE CHARLES AND THE PROPERTY Manual Institute of the Manual Company of the State of th

| 500 | 0.7 000 | | :OR | D | ST. | ATE OF MARYL | | IENE | | | |
|--------------------------------|--|-----------------------|--|----------------------------|------------------------------------|--|-------------------------|--|-------------------------|---------------|-----------|
| 1560 | 67 JUN | D- | TATE REGISTRAR | | ICAL EXAMI | | FICATE OF D | EATH! | REG. 10. 5 | 8 6 | Ü |
| | | 1. DEC | EASED NAME FIRST | | MIDDLE | LAST | | 20 DATE KNO | HINOM VI NWC | DAY YEAR | 25 HOU |
| | 28482 | (1177) | Iho. | MAS | R. | Sra | ock | OF ES | TED 6 | 9 1987 | - |
| | SARY, PLEASE ALDIRECTOR. YOUR FILES. STON STREET. | 3. SEX | n Can | 5 DATE OF BIRTH | YEAR 6. AGE (IN LAST BIRTH | | R. IF UNDER 24 H | | MONTH 6 | 9 1987 | 2d HOU |
| | A HORA | FOI | RTHPLACE (STATE OR | 76. CITIZEN OF WH | | 8 MARRIED | NEVER MARRIED | 9. BALTIMORE | CITY OR COUN | TY OF DEATH | |
| | BAR O | P | ennsylvania | U.S.A | | WIDOWED - | DIVORCED | | AA | | M |
| | 300000 | 6 | len Burnie | OF NOT IN SUCH FACE | PITAL, NURSING HOA | he, or other institute. | | USUAL OCCUPATI FOR MOST OF WORKING Clerk | | OR INDUSTR | |
| 12201 | 3605 | 13a. S1 | AMA 13b. COU | | 13c CITY OR TOWN | SION) 13d. INSIO | DE CITY LIMITS? 13e. | STREET ADDRESS | wethe | 2 Rd. 210 | 061 |
| QW. | ころうろ | | THER'S NAME FIRST | MIDDLE | LAST | A 7 2 5 7 10 10 10 10 10 10 10 10 10 10 10 10 10 | THER'S MAIDEN N | AME | | LAST | |
| ORE | ### ## W | J | ACOD (AS DECEASED EVER IN U.S. A | PARED FORCES | Srock | | atherine | | DDRESS | Johnson | 1 |
| BALTIMORE | UNS AFTER DI 18. GIVE P. WITH FO II. PAGES , DIVISION DI | 100 V | S, NO, OR UNKNOWN) (IF YES, GN | /E WAR OR DATES} | 214-24-1 | | | | 1000 | | |
| | URS AF 8. GIVI WITH T. PAG DIVISI | | T8 CAUSE OF DEATH (Enter of | only one couse per line | | 411 She | ree_LS | OCK Saill | e as 13 | APPROXIMATE | INTERVAL |
| PRESTON ST. | UTED WITHIN 24 HOU IN PENCIL IN ITEM 18 EXAMINER ALONG V AL- TRANSIT PERMIT MENTAL HYGIENE, I ON, OR REMOVAL. | | PART I DEATH WAS CAUS | | Ardio | sulmo, | NAVI | Arry | rest. | BETWEEN ONSET | AND DEATH |
| STOI | N 24 HO IN ITEM 1 ALONG SIT PERM 4YGIENE, AOVAL. | | IN WED! | | AS A CONSEQUENCE | | | | | Transaction | |
| 2 | ANS AL H | | Conditions, if ony, whice gove rise to immediate | | 14.5. | C. V. D |) . | | | | |
| × | UTED WITHI IN PENCIL I EXAMINER SIAL - TRANS D MENTAL H ON, OR REA | | couse (a) stating the unde lying cause last. | | AS A CONSEQUENCE | OF | | | | | |
| 5, 20 | CUTED I EXAN IL EXAN IND MER TION, C | | | (c) | | | | | | | |
| DIVISION OF VITAL RECORDS, 201 | SHOULD BE EXECUTED RRD "IN PROCEED IN PROCEED EXAM." OF HEALTH AND MEINAL. OF HEALTH AND MEINAL, CREMATION, OF HEALTH AND MEINAL. | z | PART 2 OTHER SIGNIFICANT CONDITION | IS CONTRIBUTING TO OFATH B | UT NOT RELATED TO THE TE | IMINAL DISEASE OR CONDIT | ITION GIVEN IN PART 136 | 01. | | | |
| REC | PEN | MEDICAL CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDIT | ON FOR WHICH OPE | RATION WAS PERF | ORMED? | | (7.1.1) | 20. AUTOPSY? | |
| ITAL | SHOULD ORD "PE CHIEF A CHIEF A TOF HEA | FE | | | | | | | | YES 🗆 | NO N |
|) F | CERTIFICATE SHOULD RITING THE WORD "PE DEED TO THE CHIEF A E 3 SHOULD BE USED. E DEPARTMENT OF HEA DI PRIOR TO BURNAL, OF | CER | 210. EXTERNAL CAUSE WAS | 216. TIME OF | INJURY MONTH DAY YEA | 21c. HOW INJU | JRY OCCURRED (E | NTER NATURE OF INJURY I | IN ITEM 18 PART I OR P. | | |
| NO | ARTA OR TO THE OF THE O | CAL | UNDERLYING OR CONTRIBUTING CAUSE OF | F DEATH P.M. | 19 | | | | | | |
| ISI N | CERTIFICATION OF TO SEPAR | MEDI | WHILE ON NOT WHILE | 21e PLACE O | FINJURY (AT HOME, DRY, FARM, ETC.) | 211 LOCATION STREET | | CITY OR TOWN | cc | YTAUC | STATE |
| | A A A A A A A A A A A A A A A A A A A | | AT WORK AT WORK | | | | | | | | |
| | NER; THIS CERT CATE, WRITING FORWARDED ' FOR! PAGE 3 SH THE STATE DEP/ AND, 21201 PRI | | 22a. I certify that I took cha | rge of the remains desc | ribed obove, held on | Autopsy . | Inspection | Inquiry [| , and in my o | pinion | |
| | BE DE L | | death resulted from: Nat | ural causes | Accident, | Suicide, Hat | micide U | ndetermined monne | er 🔲, | | |
| | MAR WAR | | ACTUAL //// | line W | a bos no | n #5 | (SPECIFY) | | DATE | 1/6/ | 27 |
| 1 | SE STATE | | SIGNATURE LANGE | in I | J. In | M.D. | pury | MEDICAL EXAMINE | R SIGN | ED 0/9/ | 3/ |
| | TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALT MORE, MARYLAND, 2 | | EXAMINER'S NAME (TYPE OR PRINT) | Miam & | Y. JONE | 5_ADDRESS | 5 695 | Amer | ica C | + 21 | 035 |
| | DA STAR | 23a.Bl | IRIAL, CREMATION, REMOVAL | 23b. DATE | 23t. NAME OF C | EMETERY OR CREMA | ATORY 23 | d. LÖCATION CITY OR TOWN | COL | INTY STA | TE |
| 07/84 25M | BP | | Burial | 11 June | 37 Glen H | aven Mem. | Pk. (| Glen Burn | ie. A.A. | MD | |
| 23/// | DHMH - 17 | | INERAL DIRECTOR | ADDRESS | | | | | Sh REGISTRAR'S | SIGNATURE_ | |
| | (VR A15 ME (5)) | | James S. Kirkl | ev. Glen B | irnie, MD | 21061 | IIINO | 1987 | ulia Davida | W. Carre | |

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should be detached for use as the buriol-transit with the State Dept. of Health and Mental Hygie

MPORTANT: If Hem 21 is morked or Item,

1 - STATE REGISTRAR DECEASED NAME

LIYPE OR PRINTI

Male

Md. 14 FATHER'S NAME

Anton

TO BIRTHPLACE ISTATE OF FOREIGN

GLEN_BURNIE 130. STATE 130. STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Maryland 10 CITY OR TOWN OF DEATH

3. SEX

KENNETH

136 COUNTY A.A.

MIDDLE

IF YES, GIVE WAR OR DATES

| | DEPARTN | ENT OF H | E OF MARYL EALTH AND ICATE OF | MENTAL HYG | IENE 8 | REG. NO | | 5 | 8 6 | EDT | |
|--------------------------------|--|-----------|-------------------------------------|--------------|--|-----------------|---------|------------|------------------------|-------------------------|--|
| ٨ | WIDDLE | | | | 20 DATE O | F DE ATH | MONTH D | AY YEA | 2b. I | HOUR | |
| WII | LBUR | STE | INER | | J | UNE | 08 | . 19 | 87 | 9.15 PM | |
| 4. RACE | 11-73-11 | 5. DATE C | | | 6. AGE (IN | YEARS LAST BIRT | | FUNDER I Y | | INDER 24 HRS | |
| White | | Augi | ist 1, | 19†9 | 67 | | YRS. | ONTHS D | AYS HOL | URS MIN. | |
| 76. CITIZEN OF WHAT COUNTRY? 8 | | | | | 9 BALTIMO | RE CITY OF | COUNTY | OF DEAT | Н | | |
| U.S.A. MARRIE | | | | MARRIED . | | ANNE / | ARUNDE | T. CO | UNTY | MD. | |
| | HOSPITAL, NURSING HEACHLITY, GIVE STREET A | (DDRESS) | PTTAL | NOITUTION | 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) Ser. Sta. Oper. Retired | | | | | | |
| OTHER INSTITUTION, | GIVE RESIDENCE BEFORE 131. CITY OR TOWN Pasadena | V | 13d INSIDE | CITY LIMITS? | 13. STREET ADDRESS / ZIP CODE 208 Magnolia Ave. 21122 | | | | | | |
| | | | 15. MOTHER | S MAIDEN NA | | | | | | | |
| WIDDLE | Steine | er | Alma | FIRST | Catherine | | | | Williams | | |
| MED FORCES? | 166 SOCIAL SECUI | | 17. INFORM | ANT | | 7956 | Tower | Br | Rd | | |
| WW 2 | 251-40-5 | 370 | Harry | y J. Ste | einer, | Pasad | | MD. | 21122 |) | |
| BY: | tine for (a), (b), and | | CARCI | young | ·FR | e Pro | state | BETW | PROXIMATE FEN ONSET | INTERVAL I AND DEATH | |
| DUE TO, OI | r as a conseque | nce of | | | | | | | | | |

Yes Yes WW 2 18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, JF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NOT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM, ETC) STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased all and that in (my) (our) opinion death occurred on the date and have and from the causes stated ew the body after death 77% SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS GLENN F. ROBBINS, M.D. **GLEN** 23a BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

TO FUNERAL

James S. Kirkley Glen Burnie, MD 21061 (VRA 15, 4)

Cremations 24 FUNERAL DIRECTOR

9 June 87

Security Process

Catonsville, Balto., MD

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the State of the s

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

| IENE 8 | EG. NO. | 1 5 | ಕ | 6 | 2 |
|-------------|-------------------------------|-----------|---------|------------|----------------|
| 20. DATE O | | DAY | YEAR | 2b. HOU | |
| 6 AGE (IN | YEARS LAST BIRTHDAY) | MONTHS RS | DAYS ! | IF UNDER | 24 HRS MIN. |
| | RECITY OR CO | | ATH | | MD. |
| 12a USUAL | OCCUPATION her ost of work | 12b. | | F BUSINE | |
| 130 977 452 | asset hour | Ωe Ave | . 2 | 11/4 | 4 |
| ME | WIDDLE | Bro | WN:AS | | |
| erger | # 13e | | | | |
| t F | cilup | BE | APPROXI | MATE INTER | DEATH |
| - 01 | earl . | | | | |

REGISTRAR MIDDLE I. DECEASED NAME FIRST TYPE OR PRINT Stiebeling A. Helen RACE 5. DATE OF BIRTH 3. SEX Female MONTH 22DAY 1893AR Ta. BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York USA WIDOWED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 1742 Swinburne Ave. 211144 Crofton Md. A A Crof ton NO C 14 FATHER'S NAME 15 MOTHER'S MAIDEN NA Alfred Helens Stieberling 166 SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 094-32-9454 John Illenb 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from that in (my) (our) opinian death occurred on the date and hour and from the couses stated DEGREE ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23¢. NAME OF CEMETERY OR CREMATORY Baltimore Md. Westview Park 629-87 Cremation

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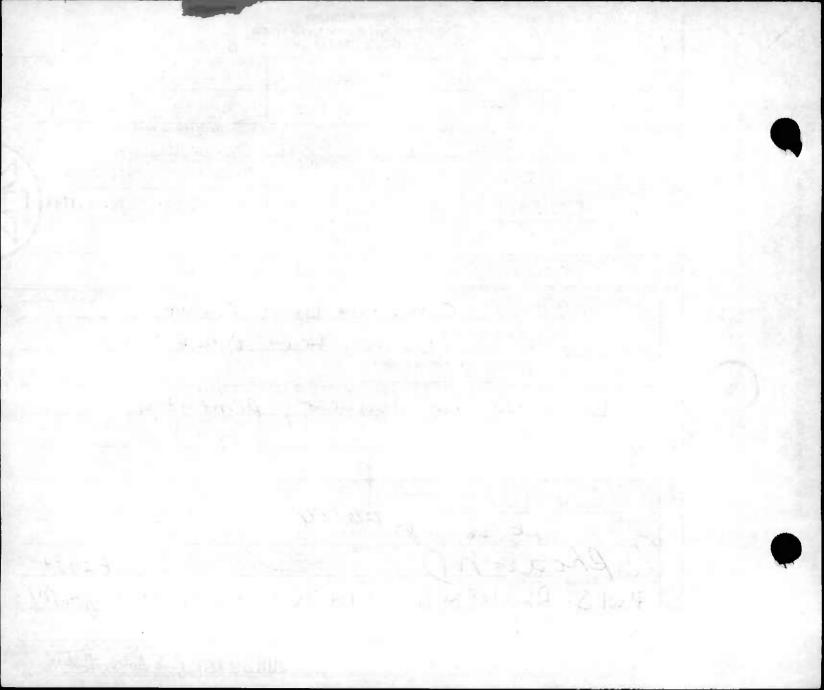
₹ STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

DRIANT

24 FUNERAL DIRECTOR T.A. Hardesty Annapolis Md. 21401 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Dividion Pandallo



funeral director, page 3 the 72 hours after death

completely filled in by the filled and I lond 2 should be filed with

executed within 24 hours after death. Page 4

deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

STATE OF MARYLAND

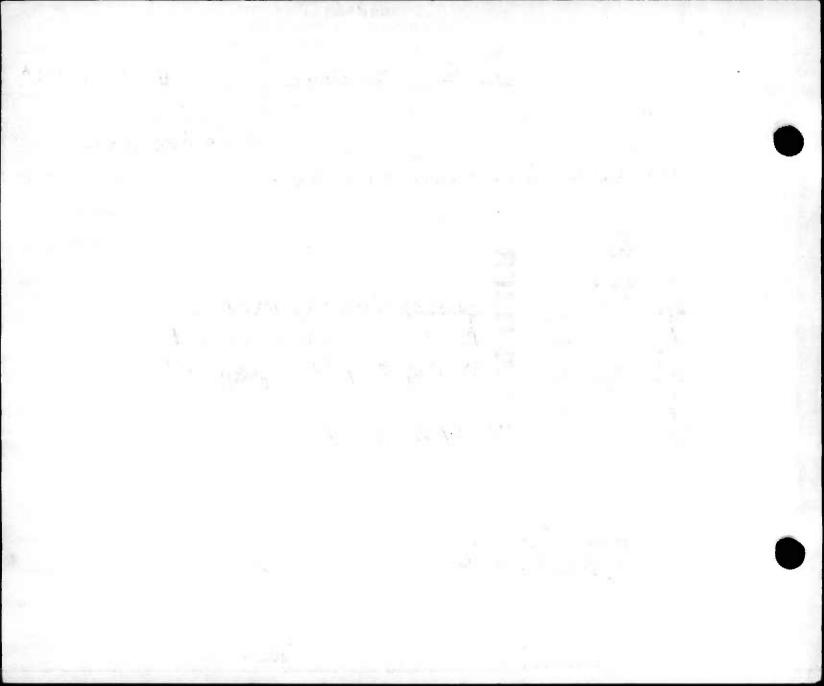
| 8 | REG. N | 40 | | 5 | 8 | 6 | |
|---------|--------|-------|---|-----|------|---------|----|
| | REG. I | ۹0. | 1 | - 3 | - | | - |
| DATE OF | DEATH | MONTH | | DAY | YEAR | 26. HOL | JR |

| | 1- | FOR STATE | | DEPARTA | | EALTH AND MENTAL HYG ICATE OF DEATH | 8 7 | 5 8 | 6 4 |
|------|--|---|---------------------------------|--------------------------------------|-----------------|--|--|-----------------------------|---------------------------------|
| | 1 DF | REGISTRAR CEASED NAME FI | RST N | AIDDLE | | AST | REG. NO. | DAY YEAR | 26. HOUR |
| - | | OR PRINT] | MALIET | | < | erowiec. | Ulan | -29-87 | 1146 |
| | 3. SE) | (| 4 RACE | | 5. DATE C | F BIRTH | & AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | 2 | M_{ale} | Caucas | ion | MONTH 6 | - 5 - 30 | 57 yrs | MONTHS DAYS | HOURS MIN. |
| مسما | | RTHPLACE (STATE OR FORE) | | WHAT COUNTRY? | 1 | NEVER MARRIED | 9 BALTIMORE CITY OR COUN | | |
| 5/ | | llinois | | States | WIDOWE | D DIVORCED | ANNE ARU | NDEC | - MD |
| 1- | 10/51 | TY OR TOWN OF DEATH | | OSPITAL, NURSIN | | ROTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | | BUSINESS OR |
| 5 | 14 | nnapolis | | ARWNDE | GEN | ERAL HOSPITAL | Engineering | Allied | d Bendi |
| 50 | | AL RESIDENCE (IF NURSING) | | 13c. CITY OR TOW | ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIP CO | | |
| | | | nne Arundel | Annapoli | S | YES NO X | 1027 Lake Clai | re Rd./2 | 1401 |
| 71 | h | THER'S NAME | WIDDLE | LAST | | FIRST | WIDDLE | LAST | |
| CC. | | canley vas deceased ever in u | IS ARMED FORCES? | Surowied | | Corrine | ADDRESS | Unkno | own |
| | | | YES, GIVE WAR OR DATES) | 314-26-7 | | | Surowiec (Same | e as # 13 |) |
| 3 | | 18 CAUSE OF DEATH (E | nter only ane cause per | line for 101, (b), and | dicioi n | / | 1 | | NATE INTERVAL NSET AND DEATH |
| | 9 | PART 1. DE ATH WAS | CAUSED BY: MEDIATE CAUSE (0) | cuello | pul | monary & | wet | | |
| (te) | | Act I | | A A CONSEQUE | NCE OF | incolain | I tai ford | | |
| fa) | | Canditians, if any, who gave rise to immedi | ote | ACCUA | 111 | 40 Cararas | L hrong | | |
| | underlying cause last. DUE TO, OF AS A CONSEQUENCE OF U.S. DUS C PULLY OUTLE | | | | | | | | |
| | z | PART 2 OTHER SIGNIFIC | CANT CONDITIONS CO | NTRIBUTING TO E | <u>NATH</u> BUT | NOT BELATED TO THE TERM | MAL DISEASE OF CONDITION | GIVEN IN PART 110 | |
| _ | CERTIFICATION | 19g DATE OF OPERATION | N 196 CONDA | TION FOR WHICH | OPE NO | N WAS PERFORMED | | YES, WERE FINDING | |
| 7 | TIFIC | | 100 | 81000 | 3 (ru | uly | YES NO | RTIFYING CAUSES (YES [] | OF DEATH? |
| | CER | 210 ACCIDENT WAS UNDERLY | | FINJURY | Y YEAR | HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM | 18 PART 1 OR PART ?) | |
| 4 | CAL | OR CONTRIBUTING CAUS | L OF DEATH | | 19 | | | | |
| 1 | MEDICAL | 21d INJURY OCCURRED | 21e PLACE (| OF INJURY EET, FACTORY, OFFICE, F | ARM, ETC) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | _ | WHILE AT WORK AT WORK | | | | | | | |
| | | 220 I certify that (I) (the | | e deceased fram_ | | ., 19 | , ta | | hot (I) (we) lost |
| | | | (dig not) view the body | offer death, | | | death occurred on the date and | 22c. DATE S | |
| | | 22b. SIGNATURE | lose | De | | DEGREE ATTENDING PHYSICIAN T | MEDICAL STAFF | ZZC. DATE S | SIGNED |
| | 1 | 224 PHYSICADI'S NAME | THE OF HINT | - | | 22e ADDRESS | | | |
| | | Dr. Lichte | nstein | | | Annapolis | s, MD | | |
| | 23a E | BURIAL, CREMATION, REA (SPECIFY) BURIAL | 13h DATE 7-2-8 | 7 MD | Veter | emetery or crematory cans Cemetery | Crownsville, | A AOUNTY MI | D STATE |
| | | | | | | _ | E REOD. BY REGISTRAR 256 REC | The second second | |
| 84 | | NAME SEVE | OBERT S. E | MARRANCO |) | 70 | 6 1987 | en lines and | |

DHMH - 16 60M 7/84 (VRA 15, 4)

SEVERNA PARK

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashoold be detached for use as the buriol-transit permit. Then please remove carboold appers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.



STATE OF MARYLAND

| 1 - STATE REGISTRAR | | | DEPARTM | | ICATE OF | MENTAL HY DEATH | GIENE 8 | REG. NO. | 1 | 5 8 | 6 | 4 |
|--|---------------|-------------------|--|------------------|-------------|----------------------|---------------|---|--------------|--------------|----------|----------------|
| I DECEASED NAME | Doris | | Louise | | vrjcek | | 20 DATE OF | June | | 1987 | 26 HOU | R |
| Female | | 4 RACE Whit | e | 5. DATE O | | 1 921 | 6 AGE (IN YE | ARS LAST BIRTHDAY | | UNDER I YEAR | IF UNDER | 24 HRS MINI |
| Maryland | | 76 CITIZEN OF USA | WHAT COUNTRY? | MARRIE WIDOWE | | MARRIED . | | nne Aru | | FDEATH | | MD. |
| Severna Park | | | HOSPITAL, NURSIN H FACILITY, GIVE STREET A rtch Road | | OR OTHER IN | NOITUTITE | (TYPE OF WORK | occupation for most of wor Manage | | | | |
| JSUAL RESIDENCE (IF N 30. STATE Maryland | 113h COUR | | GIVE RESIDENCE BEFORE 13c CITY OR TOWN Millersv | | 13d. INSIDE | CITY LIMITS? | 13e STREET A | DDRESS / ZIP | CODE Mill | Road | 211 | 08 |
| FATHER'S NAME FIRST Ira | | MIDDLE B. | Miles | | | s maiden n. Velyn | AME | MIDDLE | | Benr | ett | |
| 160 WAS DECEASED EV | ER IN U.S. AR | MED FORCES? | 166 SOCIAL SECUI | RITY NO. | 17 INFORM | ANT (Hus | band) | ADDRESS | | | | |

| 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) | y one cause per life for rai its and its of the last o | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|--|---|
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUENCE OF | |

Joseph J. Svrjcek

19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES T

71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

220.03.4364

211 LOCATION 21d. INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased fram that (I) (we) last saw the deceosed above. (1) (ve) (did (my) (our) opinion death occurred on the date and hour and bady after death

226 SIGNATURE DEGREE ATTENDING. MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

22e ADDRESS

(YES, NO OR UNKNOWN)

CERTIFICATIO

MEDICAL

morked or Hem 18

MPORTANT

1101 Maiden Choice Lane, Baltimore, Md.

731 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL

June 4, 1987 Glen Haven Mem. Park Burial

Glen Burnie A A CO. Md.

Same as #13

Glen Burnie, Maryland

STATE

BP

056

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 8 | REG. 1 | NO. | 5 | 8 | 6 | , |
|-----|----------|-------|-----|------|------|----|
| ATE | OF DEATH | HTMOM | DAY | YEAR | 7h H | OI |

| J | REGISTRAR | | CERTIF | ICAIE OF DEATH | REG. NO | . 1 3 | 0 | 2 |
|--|--|--|------------|------------------------------------|---|------------------------------------|----------------------|---------------|
| 1 | NDECEASED NAME FIRST Marth | a Mildred | ے ک | wecker | 20 DATE OF DEATH J | line | F 7 | 115P.M |
| 1 | 1 SEX | 4 RACE | 5 DATE O | | 6. AGE (IN YEARS LAST BIRT | HDAY) IF UNDER | | UNDER 24 HRS |
| I | temale | White | March | 16, 1899 YEAR | 88 | YRS. | | |
| 1 | BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY | 7 8 | NEVER MARRIED | 9 BALTIMORE CITY OF | R COUNTY OF DEA | TH | |
| | West Virginia | U.S. A. | WIDOWE | | Anne A | rundel | Co. | MD. |
|) | Baltimore (IFNOTIA SUCH FACRITY, GIVES TRE | | ane | R OTHER INSTITUTION | 178 USUAL OCCUPATION 179E OF WORK FOR MOST OF WORKING LIFE) HOmemaker 179. KIND OF BUSINESS O INDUSTRY OVN Home | | | |
| 1 | USUAL RESIDENCE (IF NURSING HOME OR 13¢, STATE 13b, COUN | | WN | YES NO 🔀 | 130.STREET ADDRESS | | 2 | 1225 |
| 1 | George | W. Newhou | ıse | 15. MOTHER'S MAIDEN NAM Minnie | J. | ~ (| Cross | |
| | 160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 236.68. | | 17 INFORMANT (Daug Eva M. Galfo | | Same as | s #13 | |
| 100 | Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CALL & Seps 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING | DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO IS AND Dehy 196 CONDITION FOR WHICE | DEATH BUT | on | NAL DISEASE OR CONE 20a AUTOPSY? YES NO | 20b. IF YES, WERE IN CERTIFYING CA | FINDINGS AUSES OF | S USED DEATH? |
| 2 | OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCURR | | | | |
| | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED MINIE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | FARM ETC) | 211. LOCATION STREET | CITY OR 10V | wn COU | NIY | STATE |
| Section Sectio | 22a I certify that (I) (this hospi | ital) attended the deceased from Line 19 It view the body after death. | 87 1 on | 22e. ADDRESS | MEDICAL STAF DIRECTOR PHYSIC | 720. | DATE SIG | 8-87 |
| | Alejandro | Montoya, Mi | | | ed Rd. Ste | 201 Glen | Burnie | Md 21061 |
| 100 | 230, BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24. FUNERAL DIRECTOR NAME | June 12, 1987 | Meadow | rridge Mem. Pa | 23d. LOCATION CITY OF TOWN TREST ENDING EREC'D. BY REGISTRAN | Howa? | rd | STATE Md. |
| | Singleton Funeral | Home Glen Bur | nie, M | laryland | MNT T LOW | 11 | | |

DHMH - 16 50M 4/83 (VRA 15, 4)

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Annapolis, Mil

DHMH - 16 60M 7/84

(VRA 15, 4)

25a. DATE REC'D. BY REGISTRAR 251 REGIS

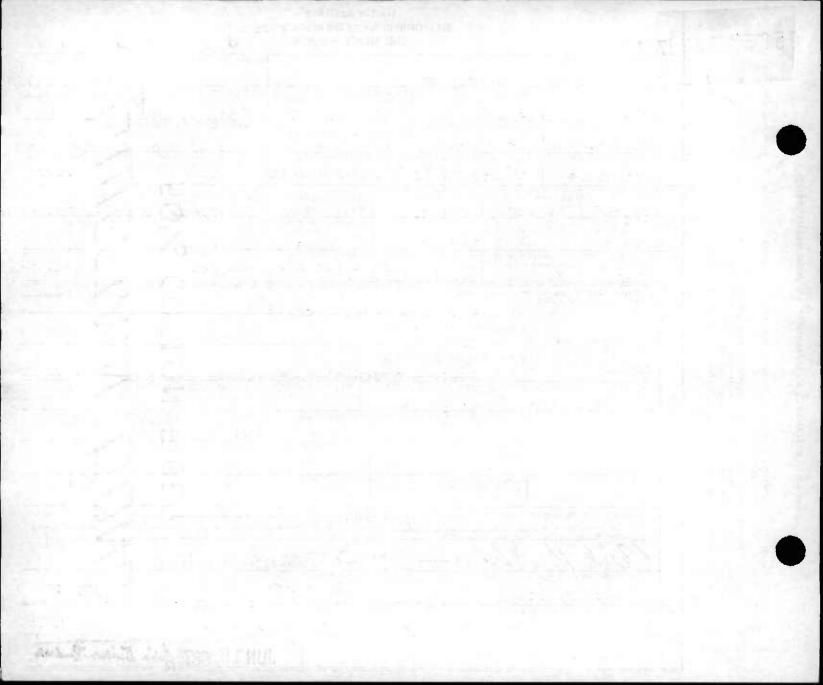
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| 6738 Ju | | FOR STATE REGISTRAR | DEF | PARTMENT OF | E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH | SIENE 8 (EG. NO.) | 586/ |
|--|---------------|--|--|----------------------------------|--|--|---|
| | | EASED NAME FIRST | MIDDLE | | AST | 20. DATE OF DEATH MONTH | DAY YEAR 2b. HOUR |
| poge 3 | - | | ond H. Tayl | or | | 6 | 9 87 18:17 PM |
| 9 | 3. SEX | | 4. RACE | 5. DATE (| | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| rrs of | , 1 | Male | Black | 10 | 1 | 5.5 YRS. | |
| hour is | 7a. BIR | THPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUN | VTRY? 8. | D X NEVER MARRIED | 9. BALTIMORE CITY OR COUNT | Y OF DEATH |
| 12 12 J | Je | efferson Ken | tucky USA | WIDOW | | Anne Arundel | County MD. |
| by the fu | | ort Meade | 11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Kimbrough | | omm. Hospit | 12a. USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| STEE STEE | 13a, S1 | | NTY 13c. CITY OI | E BEFORE ADMISSION) R TOWN nton | 13d. Inside City Limits? Yes \(\text{NO} \(\text{NO} \) | | harles Avenue |
| 17 S | FAT | HER'S NAME | MIDDLE LA | ST | 15. MOTHER'S MAIDEN NA | ME MIDDLE | LAST |
| Puo S | I | Ernest | Tayl | or | Emma | King | |
| Poges | | | VE WAR OR DATES) | L SECURITY NO. 34-7930 | 11 | ie Taylor Charles Aven | Odenton, Md |
| lease remove corbon pays ial, cremation, or remove or other troumatic event, | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. | DUE TO, OR AS A CON (b) CVA DUE TO, OR AS A CON (c) Acut | ISEQUENCE OF | | cction | 6 hours |
| been signed mit. Then ple prior to burio any injury, or | z | | | IG TO DEATH BUT | I NOT RELATED TO THE TERM | ainal disease or condition gi | VEN IN PART 1101 |
| oi à d | CERTIFICATION | Hyperten 19g date of operation | sion -21 y | | ON WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? TES NO NO NO |
| or Item 18 show | | 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE | ER) P.M. | H DAY YEAR | | RED (ENTER NATURE OF INJURY IN ITEM 18 | PART I OR PART 2) |
| ond ond ked o | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| of He | | | | from 9 | | deoth occurred on the date and ha | |
| detoched for tote Dept. | | Carl f. | Stann | - 2 | | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| should be deto with the Stote | | 22d PHYSICIAN'S NAME (TYPE | Stamm | | Forte Mes | n Army Communi | |
| - 5 5 | | URIAL, CREMATION, REMOVA | | | CEMETERY OR CREMATORY | CITY OR TOWN | |
| | | Burial | 6-12087 | Mary | Land Veterar | ns Crownsvill | e A.A. Mu. |

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR T. A. Hardesty Ann. Md. 214045

Crownsville A. A. Md. Maryland Veterans JUN 16 1987 Julia Dender Research



| GLADIO | TOO | 100 | ITION | IAO | | 1 |
|--|--|---|---|--|--|--|
| X | 4 RACE | | | F BIRTH | | 6 AGE |
| Female | Cauca | asian | Jur | ie 3, | 1920 | |
| RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland | | | MARRIE | DA NEVER M | | 9 BAL |
| GLEN BURNIE | (IF NOT IN SUC | CH FACILITY, GIVE STREET A | G HOME C | OR OTHER INSTI | | 12a US (TYPE O |
| STATE 136 COU | NTY | 13c. CITY OR TOW | 7 | 2.0 | TY LIMITS? | 13e STR |
| THER'S NAME Charles | MIDDLE | Randol | .1 | | | ME |
| | | | | | | Phoma |
| gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIELCANT | (c) CONDITIONS <u>C</u> | ONTRIBUTING TO CO | EATH BUT | insie | lin | de |
| 21a. ACCIDENT WAS UNDERLYING | 21b. TIME C | DF INJURY | | | | YES RED (EN |
| (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WMILE NOT WHILE | P 21e PLACE | M. OF INJURY | 19 ARM, ETC) | 21f LOCATIO STREET | N | - |
| 22a. I certify that (I) (this base sow the deceased alive as | SUNE | 25 19 | TUNE 87 or | 20 nd that in (my) | , 19 <u>87</u> jour) opinion | to . |
| 22b. SIGNATURE | nest | rten, | 2007 | | TTENDING | MED |
| 226. SIGNATURE | nert | rter . | m | 22e ADDRESS | 78 | DIRE 45 |
| F | Female RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland TY OR TOWN OF DEATH GLEN BURNIE ALRESIDENCE (IF NURSING HOME OF TAIL OR TOWN OF DEATH THER'S NAME FIRST Charles AS DECEASED EVER IN U.S. AI (IF YES. G. 18. CAUSE OF DEATH (Enter OF PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ALT WORK AND THE MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ALT WORK AND THE MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE SOW the deceased olive on som the deceased olive on sow the deceased olive on som the deceased olive on sow the deceased olive on som the de | Temale Cauca RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland TY OR TOWN OF DEATH GLEN BURNIE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13 D. COUNTY Volusia THER'S NAME FIRST Charles MADDLE Charles MADDLE MIDDLE CONTY VOLUSIA THER'S NAME FIRST (IF YES, GIVE WAR OR DATES) IMMEDIATE CAUSE OB IMMEDIATE CAUSE (ID) DUE TO, CO GOOD TOWN WHICH UNDER SIGNIELANT CONDITIONS CE PART 2 OTHER SIGNIELANT CONDITIONS CE 190. DATE OF OPERATION 190. DATE OF OPERATION 110. ACCIDENT WAS UNDERLYING THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED MILL OF OPERATION 210. ACCIDENT WAS UNDERLYING THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING THE MORE. ST ALL WORK ALL WORK ALL WORK ALL WORK ALL WORK ALL WORK ALL WORK ALL WORK 210. ACCIDENT WAS UNDERLYING THE MORE. ST ALL WORK ALL WORK ALL WORK ALL WORK ALL WORK ALL WORK 210. ACCIDENT WAS UNDERLYING THE MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. THE CAUSE OF DEATH | RIHPLACE (STATE OR FOREIGN OWNTRY) Maryland United States TY OR TOWN OF DEATH IN INSUME PROBLEM OF HOSPITAL, NURSIN NORTH ARUNDEL NORTH | RTHPLACE (STATE OR FOREIGN OWNTY) Maryland TO CITIZEN OF WHAT COUNTRY? Marrier WIDOWE WIDOWE TO RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE THER'S NAME Charles MIDDLE CHARLES OF DEATH (Enter only one couse per line for 16) (b), owner. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE CAUSE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION 210. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211. NAME OF INJURY (IF LITHER NOTIFY MEDICAL EXAMINER) 212. I CERTIFY that (I) (This beauty attended the deceased from Markey and the deceased from Sow the deceased olive on | THE CAUSE OF DEATH Enter only one cause per line for (Conditions, if any, which gove rise to immediate cause (C). PART I OTHER ISSISTING CAUSED BY: IS CAUSE OF DEATH Enter only one cause per line for (C). State OF DEATH (C). OR AS A CONSEQUENCE OF CONTRIBUTING CAUSE OF DEATH (C). The condition of the condition | THER'S NAME FIRST Charles ANDELE FIRST Charles For June First Charles First First Charles First Charles First Charles First Charles First First Charles First F |

MIDDLE

THEOMARC

3204 Mountain Rd.

Pasadena, MD 21122UUN 3

LOUITER

- STATE

(TYPE OR PRINT)

1. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

(VRA 15, 4)

McCully Funeral Homes

CLADVC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH YEAR 26. HOUR JUNE 1987 (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 67 TIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY UALOCCUPATION 126 KIND OF BUSINESS OR F WORK FOR MOST OF WORKING LIFE) Homemaker Home REET ADDRESS / ZIP CODE 28 Palm Breeze MIDDLE Jennings ADDRESS Same as 13a-e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SEASE OR CONDITION GIVEN IN PART 110 CUTOPSY' 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [TER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE ccurred on the date and have and from the causes stated 22c DATE SIGNED STAFF TOR PHYSICIAN DAKWOOD ROAD, SUITE 107 MARYLAND 21061 LOCATION CITY OF TOWN Glen Burnie Anne Arundel Mn 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Table District Communication of the Communication o ATTYCK BURNER TRUE STREET Total of the first total of the late of the first total of the late of the first total of TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

| | STATE OF MARYLAND | | | | |
|-----|-------------------------------|--|--|--|--|
| FOR | DEPARTMENT OF HEALTH AND MENT | | | | |

AL HYGIENE

| Ι. | REGISTRAR | CERTIF | ICATE OF DEATH | & KEG. NO | 1 5 | 8 6 4 |
|---------------|---|------------------------------------|---|-------------------------------------|----------------------|---|
| | ECEASED NAME PE OF PRINT) DOR15 | MIDDLE | 1LIN | 20. DATE OF DEATH A | MONTH DAY Y | 2 450 M |
| 3. S | Female WH | ITE S. DATE C | OF BIRTH -20 - 12/ | 6 AGE UN YEARS JAST BIRTH | | TYEAR IF UNDER 24 HRS DAYS HOURS MIN. |
| To. I | BIRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF | WHAT COUNTRY? 8. MARRIE | D NEVER MARRIED | 9. BALTIMORE CITY OF | | тн |
| | onnecticut U. S. | HOSPITAL, NURSING HOME O | | Anne Arunde | | MD. |
| 17 | (IF NOT IN SU | tford Drive | DR OTHER INSTITUTION | (TYPE OF WORK FOR MOST OF Housewife | | IND OF BUSINESS OR STRY |
| USU J3a. | UAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION STATE 136. COUNTY W Hamoshire | | 13d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / R.F.D.#2-BO | ZIF COUL | rner, New Hempshire |
| | ATHER'S NAME FIRST MIDDLE AND MIDDLE | Mankulics | 15. MOTHER'S MAIDEN NA FIRST Anna | MIDDLE | Uhe | elsky |
| 160 | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) | 048-10-5091B 049-03-4170 | Mrs.Ann Kowa | | #21146 | 6 |
| | 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | life Arga (bypnd/d | Signatura | Advenal Care | | PPROXIMATE INTERVAL WEEN ONSET AND DEATH |
| CERTIFICATION | PART 2 OTHER SIGNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH BUT | | MINAL DISEASE OR COND | 20b. IF YES, WERE F | INDINGS USED |
| RIFF | | | | YES NO | IN CERTIFYING CA | NO |
| MEDICAL CE | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21 d. INJURY OCCURRED 21 e. PLACE | M. MONTH DAY YEAR M. 19 OF INJURY | 21f LOCATION | RED (ENTER NATURE OF INJURY | | |
| 2 | AT WORK | REET, FACTORY, OFFICE, FARM, ETC.) | | 11.1 | | |
| | 27a I certify that this haspital attended it | | nd that is (my) (our) opinion | death occurred on the dat | le and hour and from | m the couses stated |
| | 17th SKINAJOSO Wallern | 1 Da S, SIE | DEGREE CONTENDING FINSICIAN [| MEDICAL STAFF | | B / 8 & |
| | | ELONICK | | alia St. Au | nuapolis | |
| 230. | BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial June 2 | 0,1987 Contoo | | | | |
| 24 | L. TRUMAN SCHWAB | 3512 FREE | DEKICK AVE DA | TE REC'D. BY REGISTRAR 2 | Sh. REGISTRAR'S SIG | dorn Rondallo |

- 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove corban papers. Ewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT. If Item 21 is morked or them 18 it of any injury, or other troumotic event,

retained by the haspital or attending physician.

(VRA 15, 4)

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AND COLUMN TO THE PROPERTY OF THE PROPERTY OF

| | | STATE OF MARYLAND | | |
|--|---|---------------------------------------|--|---|
| FOR STATE | | T OF HEALTH AND MENTAL HYG | SIENE | 2040 |
| REGISTRAR | 1- | ERTIFICATE OF DEATH | MEG. NO. | 5 8 / 0 |
| CEASED NAME LIST | MIDDLE | F9975 J. | 20. DATE OF DEATH MONTH | DAY YEAR 2b. HOUR |
| ORPRINTI 2 HT COUL | trother - | Bent | 6 7 | 0 87 2217 |
| (1100 | Strawy J. | 001/100 | 1.165 | IF UNDER 1 YEAR IF UNDER 24 HRS |
| × | 4. RACE 5. I | DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MIN. |
| + | BIACK | Dec 9 1917 | 67 YRS. | |
| RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? 8. | | 9. BALTIMORE CITY OR COUNTY | OF DEATH CO |
| MD | 1 1 1 | MARRIED NEVER MARRIED IDOWED DIVORCED | 10e 1 | 1000 1 11 |
| TY OF TOWN OF DEATH | 11. NAME OF HOSPITAL NURSING H | | 120 USUAL OCCUPATION | 12b. KIND OF BUSINESS OR |
| Ragnitur | (IF NOT IN SUCH FACILITY, GIVE STREET ADDR | | (TYPE OF WORK FOR MOST OF WORKING LIF | |
| Meade, MD | Kinbrough Arm | V Hospital | Ketired. | |
| L RESIDENCE (IF NURSING HOME TATE 13b CO | OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM | | In STREET ADDRESS / ZID CODE | 21215 |
| MDV | Ball and Oc | 13d. INSIDE CITY LIMITS? | 13 STREET ADDRESS / ZIP CODE | Aug |
| THER'S NAME | שאוויוויוועונ | 15 MOTHER'S MAIDEN NA | ME TOL FRIMROSE | 1100 |
| FIRST | MIDDLE | FIRST | MIDDLE | LAST |
| latter | 14/er | KMMa | | Vallace |
| AS DECEASED EVER IN U.S. | | NO. 17. INFORMANT | ADDRESS | 0.1 |
| S, NO OR UNKNOWN) (IF YES, | GIVE WAR OR DATES) 2 23-34-6 | 2714 Rose Marie | Hall 3902 | Privinge Due |
| | | 71.000 7.00776 | Little Control | APPROXIMATE INTERVAL |
| PART I, DEATH WAS CAU | only one couse per line for (o), (b), ond (c) SED BY: | 1: 1: 1- | | APPROXIMATE INTERVAL BETWEEN DISET AND DEATH |
| IMMED | IATE CAUSE (a) | Lord Wart | | 111 |
| | DUE TO, OR AS A CONSEQUENCE | E OF | | |
| Conditions, if ony, which | (b) | None | | |
| gove rise to immediate |) | | | |
| couse (o), stoting the underlying couse lost | DUE TO, OR AS A CONSEQUENCE | E OF | | |
| | (c) | | | |
| PART 2. OTHER SIGNIFICAN | T CONDITIONS CONTRIBUTING TO DEAT | TH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIV | EN IN PART 110 |
| | | | | |
| 19a. DATE OF OPERATION | 196 CONDITION FOR WHICH OPE | ERATION WAS PERFORMED | | S, WERE FINDINGS USED |
| | | | | YING CAUSES OF DEATH? |
| 23 ACCIDENT WAS UNDERWAND | T 21h TIME OF INHIBY | Tale HOW INTURY OCCUR | | S NO |
| 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | LIGHTS A HA HACKITH BAN | YEAR YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18 F | PART 1 OR PART 2) |
| (IF EITHER NOTIFY MEDICAL EXAMI | DEATH | 19 | | |
| 21d INJURY OCCURRED | 21e PLACE OF INJURY | 211 LOCATION | | CALINITY |
| WHILE NOT WHILE | (AT HOME STREET, FACTORY, OFFICE, FARM, | ETC) STREET | CITY OR TOWN | COUNTY STATE |
| AT WORK | | 1401 120 9 | 3213 6/20 | 02 |
| | opital oftended the deceased from | 2140 1 6/20 19 8+ | to LUIL Of W | 19 AT, that (1) we lost |
| sow the deceased alive above, (1) (week (did) (did | on ULL 6 LO 19 D+ | , and that in (my) (our) opinion | death occurred on the date and hou | r and from the couses stated |
| 226 SIGNATUR - | Λ , | DEGREE | | 22c. DATE, SIGNED |
| MIL | /malle | ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | 6/20/80 |
| 1 +1/2/1 | Ma_M// M/ | PHYSICIAN I | [DIRECTOR PHYSICIAN | 107 |

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

Wm.

224. PHYSICIAN'S NAME (TYPE OF PRE

23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery | 250 DATE REC'D

22e ADDRESS

CUNC KACH F66M

RY 23d LOCATION

CITY OF TOWN

Anne Arundel Co

Μď

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use os the buriol-transit perwit. Then with the State Dept. of Health and Mental Hygiene prior to bu TO FUNERAL DIRECTOR: After this certificate has been

MPORTANT: If them 21 is morked or

injury, ar other traumatic event,

24. FUNERAL DIRECTOR March F/H West C

6/25/87

4300 Wabash Avenue

Arundel Co Mo

filled in by the funeral director, page 3 ould be filed within 72 hours ofter death

injury, or other troumatic event, the

IMPORTANT: If Hem 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR, After this certificate has been signed by the offerding physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

executed within 24 hours after death. Page 4 may be

death certificate

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or attending physician.

FOR - STATE

REGISTRAR

(TYPE OR PRINT)

Terome

TO BIRTHPLACE (STATE OR FOREIGN

FIRST

MIDDLE

WHITE

76 CITIZEN OF WHAT COUNTRY?

Tucker

1. DECEASED NAME

| 51 | 1 | ١1 | E | OF | M | Al | RY | LA | N | D | |
|----|---|----|---|----|---|----|----|----|---|---|--|
| | | | | | | | | | | | |

DAY

27

YEAR

1535

8

20. DATE OF DEATH

6. AGE (IN YEARS LAST HE HOLAY)

51

REG. NO

9. BALTIMORE CITY OR COUNTY OF DEATH

2b. HOUR

UNOTH | YEAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5. DATE OF BIRTH

MONTH

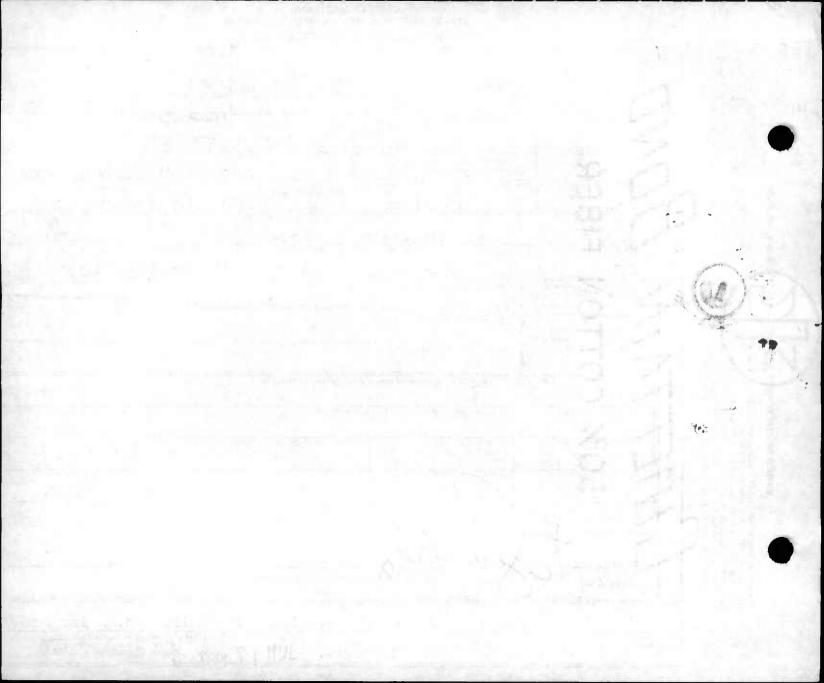
| M | ARYLAN | D | USA | WIDOWE | D DIVORCED | - Annel | | | MD. |
|------------|---|---|--|--|---|--|------------------------------------|-----------------------------|------------------------------|
| A | nepolis | ATH 11 | NAME OF HOSPITA | GIVE STREET ADDRESS) | eners Hosi | | Stones de | 126. KIND OF B | 1 4 |
| 30. S | | ISING HOME OR OT 13b. COUNTY | 4 / 4 / 4 | | 13d INSIDE CITY LIMIT YES NO [] | S? 13e.STREET ADDR | RESS / ZIP CODE | | 401 |
| 1 | OHN | MIC | TUCK! | ER | VIOLE | T MID | <i>F</i> | RENC | CH |
| | (AS DECEASED EVEI | | VAR OR DATES) | CIAL SECURITY NO. | MARY E | · Tucker | R #1 | | |
| | Condition on gove the to in court to in | | | te Myo, ONSEQUENCE OF | undial I | nfactim | | APPROXIMAT BETWEEN ONS | EINTERVAL ET AND DEATH |
| RIBERTON | PAR DATE OF OPERA | F7 | 19b. CONDITION FO | DR WHICH OPERATION | bliterans | TERMINAL DISEASE OR 200 AUTOPSY YES NO COURRED (ENTER NATURE O | ? 20b. IF YES, WIN CERTIFYIN YES [| ERE FINDINGS G CAUSES OF | |
| MEDICAL CI | OR CONTRIBUTING | CAUSE OF DEATH DICAL EXAMINER) RRED | HOUR A.M. MC P.M. 21e PLACE OF INJU (AT HOME, STREET, FACTO | NTH DAY YEAR 19 RY ORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | | YORTOWN | COUNTY | STATE |
| | | sed olive on did (did not) | attended the deceor | | DEGREE ATTENDIN | inion death occurred on | STAFF | | or (I) (we) lost uses stoted |
| 30. B | Davi BURIAL, CREMATION PRECIFY! | I, REMOVAL | Oreeu 6/24/198 | - 7. 1 | TOGGIO EMETERY OR CREMATO FAVEN (EN | CITY OR | WENIE A | polis, | MO |
| TA FL | JOE FUN | ERAL G | IMPEL AN | ADDRESS VINTOUS | | | TRAR 256 RECTISTRA | | |
| | | | | | | | | | |

The second state of the second se A TOTAL SEASON DESCRIPTION OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME KNOWN MONTH 26 HOUR (TYPE OR PRINT) ESTI-5 FOR YOUR FILES.

WITHIN 72 HOURS

W. PRESTON STREET, LEONAS VITKAUSKAS DEATH MATED 6-14-87 19 2d HOUR IF UNDER 1 YR. 4 RACE DATE OF BIRTH JE LINDER 24 HRS DATE LAST BIRTHDAY) RONOLINCED 9 26 45 41 YPS MALE WHITE DEAD 6-14-87 19 2AM M 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Germany DIVORCED X Anne Arundel County WIDOWED [126 KIND OF BUSINESS OR INDUSTRY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION North Arundel Hospital Auto Mechanic Glen Burnie Auto Garage SUAL RESIDENCE (HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 130 STATE 5109 Pembroke Avenue Baltimore 21206 NO [Maryland 15 MOTHER'S MAIDEN NAME FATHER'S NAME LAST MIDDLE FIRST Stasys Vitkauskas Valtas Brone 16b. SOCIAL SECURITY NO 7 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 21061 212-44-7818 Paulette N. Vitkausas 7502 Hollybrook Rd. YES Vietnam CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Multiple (2) qunshot wound's of chest and left PRESTON Canditians, if any, which (b) buttock gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 3 SHOULD BE I DEPARTMENT C 21a EXTERNAL CAUSE WAS THE TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 UNDERLYING TOP HOUR A.M. MONTH DAY YEAR subject found shot and run over by motor-CONTRIBUTING CAUSE OF DEATH 12:10AM 6-14-87 vehicle 21e PLACE-OF-INJURY 211 LOCATION 214 IN IURY OCCURRED WHILE AT WORK AT WORK STEED, FACTOR'S FARM, STC 1 Anne Arundel Co., Md. Steam Hill Rd. street 22a | certify that cribed obove, held on and in my opinion Suicide Undetermined manner death resulted fr TITLE (SPECIFY) ACTUAL DATE 6-14-87 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Smialek, M.D. 111 Penn Street ADDRESS. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 6/18/87 Burial Crownsville Vet. Cem. Crownsville 07/84 24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens **DHMH - 17** Julia Dividson Ros (VR A15 ME (5))



CT ATE OF MADVI AND

| STATE OF MAKILAND | |
|---|--|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| CERTIFICATE OF DEATH | |

| 8 | REG. N | 10. | 5 | 8 | 1 | 3 |
|--------|---|---------|---------|--------|----------|--------|
| DATE O | 22 | 18 | 7 | YEAR | 26 HOL | 7. |
| AGE IN | PEARS LAST BA | (TAGEPS | IF UNDE | RIYEAR | IF UNDER | 24 HRS |
| | 100000000000000000000000000000000000000 | | MONTHS | DAYS | HOUR5 | MIN. |

County MD.

12b. KIND OF BUSINESS OR
INDUSTRY Own home

| 10 | REGISTRAR | | | | CERTIF | ICATE OF DEATH | Q | REG. NO. | 1 2 | U | / 0 |
|---------------------|-------------------|--------------------|--------------------------|--------------------------|----------------|-------------------------------|--------------|-----------------------|-------------------|------------|---------------|
| | CEASED NAME | FIRST | | MIDDLE | 1. | VOORHEES | 2a DATE | F DEATH MONE | H DAY | YEAR | 26 HOUR |
| (TYPE | OR PRINT) | Lorine | M. | XXX | XXXXX | ACCOUNTY. | 6 | 22/ | 81 | | 11 A. |
| 3. SEX | (- | 1 | 4. RACE | 1. | 5. DATE C | | 6 AGE I | TEARS LAST BIRTHDAY | IF UND | DER I YEAR | IF UNDER 24 H |
| | Tex. | na/e | Whi | Te | MONTH | 26 1910 | | 77 | YRS. | DATS | NOUKS MI |
| | RTHPLACE (STA | ATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 AA A DDIE | NEVER MARRIED | 9 BALTIM | ORE CITY OR CO | OUNTY OF D | EATH | |
| | ennsylv | ania | U | ISA. | WIDOWE | | An | ne Hru | nde / | Co | unty |
| 10. ₂ C1 | TY OR TOWN O | FREATH | | | | OR OTHER INSTITUTION | | L OCCUPATION | | L KIND O | F BUSINESS |
| A: | nnapo | 115 | Ann | PHYLMOE | 150 | n/1050, tal | - | emaker | KING (IFE) I IIN | | home |
| USU / | AL RESIDENCE (| IF NURSING HOME OF | OTHER INSTITUTION NTY | GIVE RESIDENCE BEFORE | ADMISSION) | 13d. INSIDE CITY LIMITS? | 113e.STREET | ADDRESS / ZIP | CODE | | |
| M | aryland | | Arundel | | | YES 🕅 NO 🗌 | | Lavall | | 210 |)54 |
| 4. FA | THER'S NAME | TTOP | | | | 15. MOTHER'S MAIDEN NA | ME | | | la co | - |
| | Harry | | MIDDLE | Jackson | | Mayme | | MIDDLE | 5 | Simme | |
| 6a V | | EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17. INFORMANT | | 12873SL | | | |
| (' | YES, NO OR UNKNOW | VN) (IF YES, GI | E WAR OR DATES) | 286-46-83 | 10 | Norman F. Voc | orhees | * | | | 21054 |
| _ | 210 | DEATH | | ling tooligh, (b), gad | | HOLINGE A TO | 2211000 | Ocamora | 1 | | MATE INTERVAL |
| | PART I. DEA | ATH WAS CAUSE | D BY: | 17/1/10 | 1 (01) | | | | | BETWEEN | MALAN |
| | 000 | IMMEDIA | re CAUSE (0) | Sugar | 11 | 7. | 111. | 1 1 | / | 10 | and of |
| | Conditions, if | ony which | 1 | AS A CONSEQUE | NCE OF | artery | the | omtosi | 02 1 | NIC | this |
| 1 | gove rise to | immediate | (b)_ | | -1 | 1. 0 | 1. 1 | 1. 1 | , | | |
| / | underlying | couse last. | DUE TO, 9 | RAS ACOUSEQUE | ACE ON | notice and | tw 1 | (Dayla) | disse | 18 | mar |
| | PART 2. OTHER | RSIGNIFICANT | CONDITIONS C | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | AIN AL DISEA | SE OR CONDITIC | ON GIVEN IN | PART 110 | 2 |
| O | Stril | rture | d (Sn | pha qu | 5 | Chronic | di | arrinea | 1 | | |
| AT | 19a DATE OF O | PERATION | 7 196. COND | TION FOR WILLICH | OPERATIO | N WAS PERFORMED | 20a AU | | IF YES, WER | | |
| CERTIFICATION | 1000 | | | | _ | _ | YES 🗆 | NOTA | CERTIFYING YES | CAUSES | NO |
| E S | 21a. ACCIDENT W | AS UNDERLYING | 21b. TIME C | | | 21c. HOW INJURY OCCUR | RED (ENTER | NATURE OF INJURY IN I | TEM 18 PART I C | PART 2) | |
| | | G CAUSE OF DE | | .M. MONTH DA .M. | Y YEAR | NO | inu | Mes | | | |
| MEDICAL | 21d, INJURY O | | | OF INJURY | 19 | 211 LOCATION | 1 | - | | 7.0 | |
| ME | | NOT WHILE | (AT HOME, ST | REET, FACTORY, OFFICE, F | ARM ETC) | STREET | - | CITY OR TOWN | C | OUNTY | STATE |
| | AT WORK | AT WORK | ant) nasnadalad at | ne deceased from_ | | 127 10 8 | 3 | 6/22 | 10 0 | 7/ | that (IV(we)) |
| | saw the d | eceased alive or | _ (01 d | 198 | 7,0 | nd that in (my) Jour) apinion | death accur | red on the date o | nd hour and | | |
| | 22b. SIGNATUS | (we) (did) (did no | t) view the body | ofter death. | 1 | DEGREE | | | | 22c. DATE | SIGNED |
| | / // | NIA | 110/ | MM | / | ATTENDING) | | | | 6 | 117 k |
| | 22d PHYSICIAN | N'SINIAME (TYPE | DRORINIA | - | | PHYSICIAN (| DIRECTO | R PHYSICIAN | | 9/ | -64 |
| | Ahay | / - | 11/1/ | 1- FI | INT | 10+1 | 10 | M | _/) | 117 | 11 |

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attraction should be detached for use as the burial-transit permit. Then please amove with the State Dept. of Health and Mental Hygiene prior to burial.

attending physician.

etained by the hospital

HOSPITAL

18 shows

IMPORTANT: If them 21 is morked or them

DHMH - 16 50M 4/83 (VRA 15, 4)

23b. DATE 23a. BURIAL, CREMATION, REMOVAL

FOR STATE

ral director, page 3 72 hours after death

nding physicion and

28. NAME OF CEMETERY OR CREMATORY

23d LOCATION
ry/Alexandria,

Fairfax, Virginia

16000 Annapolis Bowie, MD 2071 NAME Beall Funeral 20715-3043

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | 8 4 | G. NO. | 5 8 | 1 4 |
|---------------|--------------------------------------|---|-----------------------------|---------------|---------------------|---------------------------|------------------------------|---------------------|-----------------|---------------------|
| | CEASED NAME | FIRST | , | MIDOLE | l | LAST | 20 DATE OF DEAT | TH MONTH DA | AY YEAR | 2b. HOUR |
| | | /elvn | - H | I. H. | Wa | ade | June 6 | 1987 | | 11:00a M |
| 3. SE | | | 4 RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LA | ST BIRTHDAY) | FUNDER TYEAR | IF UNDER 24 HRS |
| | Female | | Whit | e | Oc to | ober 31.1902 | 84 | YRS | | HOURS MIN. |
| | IRTHPLACE (STATE OR I | OREIGN | 76. CITIZEN OF | WHAT COU | NTRY? B. | D NEVER MARRIED | 9 BALTIMORE CI | IY OR COUNTY | OF DEATH | |
| | Severn Mary | /land | contra | USA | WIDOWE | | Anne A | rundel Co | o. Ma | rvland MD. |
| | ITY OR TOWN OF DEA | | | | URSING HOME C | OR OTHER INSTITUTION | 120 USUAL OCCU | | 12b. KIND C | OF BUSINESS OR |
| | Glen Burni | | 10 | 11 Thin | rd Ave. | S.W. | | red Nurse | | ired |
| | AL RESIDENCE (IF NURS | 136 COUN | | 130 CITY OF | | 113d. INSIDE CITY LIMITS? | 13e STREET ADDRE | ESS / ZIP CODE | | |
| 1 | Maryland | A) | | | Burnie | YES NO X | 101 Thi | rd Ave. | S.W. | 21061 |
| 14. F | ATHER'S NAME | | MIDDLE | LA | S.T | 15. MOTHER'S MAIDEN NA | ME | N.E. | 1.6 | 61 |
| | Moses | | MIODIE | | bert | Emily | | | Chan | |
| | WAS DECEASED EVER | | MED FORCES? | 16b. SOCIAI | L SECURITY NO. | 17 INFORMANT | Al | DDRESS Seven | rn, Md | . 21144 |
| | No | (11 123, 011 | V WAR OR DATES | 214-4 | 10-2414 | Solomon Wade | , Jr., 12 | 22 01d Ca | amp Me | ade Rd. |
| | 18. CAUSE OF DEAT PART 1. DEATH W | H (Enter or | nly ane cause per | line far (a), | (b), and (c).1 | | | | BETWEEN | ONSET AND DEATH |
| | PART 1. DEATH W | | D BY: TE CAUSE (a) | Co | ardiac | e Arrky | /flui | a_ | | |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | RASACON | SEQUENCE OF | 1 1/ | 11.1 | | | |
| | Conditions, if any, | which | (b). | C | ongos | eve Hour | ttail | ive | | |
| | gave rise to imr | | DUE TO O | RASAGON | SEQUENCE OF | 61 | - 01 | | 10 | |
| | underlying cause | lost. | (c)_ | | nronic | Obstruct | ave lul | rona "/ | 18 | 04 50 |
| z | PART 2 OTHER SIGN | VIFICANT | CONDITIONS CO | 1 | N | NOT RELATED TO THE TERM | AINAL DISEASE OR | CONDITION GIVE | N IN PART 1 | a |
| 8 | Hoult ! | Jus | The same | la val- | , - | N WAS PERFORMED | 200 AUTOPSY? | 201 IE VEC | WERE FINDS | NOSTIGED |
| CERTIFICATION | 190 DATE OF OPERA | ION | 198 COND | IION FOR V | VHICH OPERATIO | IN WAS PERFORMED | | IN CERTIFY | ING CAUSES | S OF DEATH? |
| Ē | 71g. ACCIDENT WAS UNI | DESIGNATION F | 7 21b. TIME O | E INTITION | | 21c HOW INJURY OCCUR | YES NO | | | но 🗌 |
| | OR CONTRIBUTING | | | | H DAY YEAR | THE HOW INJURY OCCUR | KED (ENTER NATURE OF | INJURY IN HEM IS PA | RI (OR PARI 2) | |
| Q | (IF EITHER NOTIFY MEDI | | _ | | 19 | | | | | |
| MEDICAL | 21d INJURY OCCUR | | 21e. PLACE (AT HOME, STE | | OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY | OR TOWN | COUNTY | STATE |
| | AT WORK AT WO | RK | | | A-2 | 10 | 1 10- | [| 817 | |
| | 220.1 certify that | (Hus Hosp | ital) attended th | e deceased | - V// | 19 6 | 10 000 | , 1 | 90/ | that (1) (met) last |
| | apove (I) (wys-tr | de conversor | it) view the body | Oftes-debut. | | hat in (my) (our) opinion | death accurred an f | he date and hour | | |
| | 22b. SHOP ATORE | 1) | 51/4 | / | / | DEGREE | MEDICAL | STAFF | | SIGNED |
| | rucc | ck | 40 | - | | | MEDICAL DIRECTOR PH | IYSICIAN [| 8 J | une 87 |
| | 22d. PHYSICIAN'S N | | | | | 22e ADDRESS | | D- 144 | | |
| | Richard | | | | | 4710 Penning | | | more ; | 21230 |
| 230 | BURIAL, CREMATION, | REMOVAL | | - 07 | | CEMETERY OR CREMATORY | 23d. LOCATION City On Toy | VN | COUNTY AA | Md. |
| _ | (SPECIFY) Burial | | 10 Jun | e 8/ | Friends | ship Cemetery | Linthi | | | |
| 24 F | UNERAL DIRECTOR | 1/ 4 1 | .1 | on DAN | DM o Files | | TE REC'D. BY REGIST | 1 | ~ 4 6 | |
| 1 | James 5. | Kir | kiey, Gi | en bui | rnie, Md | .] | UN9 198 | 7 Aura L |) dordoon. | Randallo |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attents should be detached for use as the burial-transit permit. Then place remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked or them 18 shows any place, at other traum

ATTENDING PHYSICIAN: The In

TO HOSPITAL

BP.

retained by the haspital ar attending physician.



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| 056 | 8 | SI | ASI |
| E | way | 60d | |

| STATE OF MARYLAND | |
|---|--|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| CERTIFICATE OF DEATH | |
| | |

| | 1 - | STATE REGISTRAR | | | DEFARIA | CERTIF | ICATE OF DEATH | 8 | REG. NO. | 1 : | 5 8 | 1 | 5 |
|----|---------------|--|--------------|------------------------|---|------------|--------------------------------|---------------------|---------------------------------------|---------------|-----------------------------------|-------------------------|---------------------------------------|
| 4 | 1. 1080 | EASED NAME | FIRST | | MIDDLE | ī | AST | 20. DATE O | FDEATH MON | TH DAY | YEAR | 2b HOUI | R |
| ı | | A | LIC | e Mai | jorie | (1) | ALTZ | 977 | JUNE | 6 | 1981 | 4. | 04/ |
| 1 | 3.5E) | | | 4 RACE | | 5 DATE C | | 6 AGE (IN | YEARS LAST BIRTHDAY | | INDER I YEAR | HOURS | 24 HRS |
| 1 | | - emale | | (1) | hite | F⊕b | | 67 | | YRS | INS DATS | HOURS | MIN. |
| - | 7a. Bil | RTHPLACE (STATE OR | FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9. BALTIMO | ORE CITY OR CO | | DEATH | | |
| И | 1 | Maryland | | U.S. | Α. | WIDOWE | | Ann | e Arunde | el Co | unty | | MD. |
|) | Aı | rnold | | 12.40 | Maple Rd | · Arn | or other institution old 21012 | TYPE OF WOR | OCCUPATION REFOR MOST OF WOR IVISOR | RKING LIFE) | 126 KIND OI INDUSTRY Messac | | |
| 5 | 13e. 5 | AL RESIDENCE (IF NUR. TATE TYland | 13b. COUN | OTHER INSTITUTION. | GIVE RESIDENCE BEFORE 134, CITY OR TOW Arnold | | 13d. INSIDE CITY LIMITS? | 13e.STREET 12:40 | ADDRESS / ZIE Maple l | CODE 2 | 1012 | | |
| u | | THER'S NAME | | | | | 15. MOTHER'S MAIDEN NA | ME | | | | | |
| 1 | 1 | Villiam | н. | Eder | LAST | | Caroline | | MIDDLE | Ellis | LAST On | | |
| | 16a V | AS DECEASED EVER | IN U.S. AR | MED FORCES? | 16b. SOCIAL SECU | RITY NO. | 17. INFORMANT | | ADDRESS | 21110 | J11 | | |
| /1 | () | ES, NO OR UNKNOWN) | (IF YES, GIV | E WAR OR DATES) | 220-01-3 | 680 | William D. | Waltz | (Same | as al | bove 1 | 3e) | |
| 1 | | 18. CAUSE OF DEAT | H (Enter or | Iv ane cause per | | | · _ | 2 | 1 | | | MATE INTERVINISET AND L | VAL |
| 1 | | PART I. DEATH W | AS CAUSE | D BY: | Broken. | | Dura lor. C | erros | + | | | TOSET MILED (| ACATO |
| П | | | IMMEDIA | | DAS A CONSTOUR | NCE OF | | | | | .1 | | |
| 1 | | Canditians, if any | which | (1b) | MA CONSEQUE | otac | Ling | as cur | ama | | 4 | me | 10. |
| 1 | | gave rise to important | mediate | DUE TO O | R AS A CONSEQUE | NCLOL | | | | | | | |
| 1 | | underlying cause | 0 | (6) | RAS A CONSEQUE | NCE OF | | | | | | | |
| | | PART 2 OTHER SIG | NIFICANT | CONDITIONS CO | INTRIBUTING TO L | MATH BUT | NOT RELATED TO THE JERM | INAL DISEAS | E OR CONDITIO | ON GIVEN | IN PART 1ra | 1 | |
| | HOL | Ciro | uc C | 36stru | cture & | Lelie | water by | 12012 | | | | | |
| Ĭ | CERTIFICATION | 1% DATE OF OPERA | TION | 19b. COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTO | / IN | CERTIFYIN | ERE FINDIN | OF DEATI | H? |
| | ERT | 210. ACCIDENT WAS UN | DERLYING [| 1 21b. TIME O | F INJURY | | 21c. HOW INJURY OCCUR | YES [| NO Z | YES [| | NO [| |
| 1 | | OR CONTRIBUTING | CAUSE OF DE | | M. MONTH DA | | | (Eliteria) | ATORE OF ITYOUT HE | | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDI | | 21e PLACE | | 19 | 211 LOCATION | | | | | | |
| | ME | write [7] worker | ent [7] | (AT HOME, STE | EET, FACTORY, OFFICE, F | ARM, ETC } | STREET | | CITY OR TOWN | | COUNTY | ST | TATE |
| 1 | | 22n L sautifu should | | Acily case and all als | desert for | | 1027 | | 6/6 | | 97 | 0 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | 220.1 certify tha (1) saw the deceas | | | 19 | 87.0 | nd that in (m) (aur) apinian | death accurre | ed an the date a | and haur an | nd from the c | | ve) last |
| 9 | | 22h SIGNATURE | dia (dia se | fi New the body | ofter deoth. | | DEGREE | 7 | | | 72: DATE S | | |
| | | Barry, | K. | Malte | roque | m | ATTENDING PHYSICIAN I | MEDICAL | STAFF | П | 6/9 | 1/8 | 7 |
| | | THE PHYSICIAN'S P | AME (TYPE C | OR PRINT | | | 22e. ADDRESS | | | 1 |) | | 1. |
| | | BARRY | 1 4. | NAT | KANS | Vac | 51 FRAN | KLI | NST | \mathcal{H} | NUA | PI | WX. |
| | (| URIAL, CREMATION, | | 23b. DATE | 23c. N | IAME OF C | EMETERY OR CREMATORY | 23d. LOC | ATION OR TOWN | 20 | OUNTY | 51 | TATE |
| | 24.51 | DUCIAL PROPERTY OF THE PROPERT | OBER | T 6-971 | TONAST | mmacu | late Concepti | on E1 | kton. | DE CUCTO | MD | | |
| - | 24 FL | NAME SEVI | RNA | PARK A | ID. 2114 | 6 | 250. DAT | IN 1 4 | 1007 | | | JRE - | |
| | 16-11 | | | TAIN, I | ID. 2114 | 0 | 30 | NIA T T | 1001 | itia dia | cordern. | andas | A |

DHMH - 16 60M 7/84 (VRA 15, 4)

to FuneRat DiRECTOR. should be detached for use with the State Dept. of Her MPORTANT: If hem 21 is

STATE OF MARYLAND 05697.0 JUN DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF THE FUNERAL DIRECTOR.
ACE S OR YOUR FILES.
THE TON STREET, WHITE DEATH MATED **JOCELYN** DELAY IS NECESSARY, PLEASE 6-11-87 19 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED DEAD FEMALE BLACK MAY 10,1987 YRS 7:214 6-11-87 19 70. BIRTHPLACE b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX FOREIGN COUNTRY) Anne Arundel County DIVORCED MARYLAND 10. CITY OR TOWN OF DEATH J.F. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Millstone Ct. OR INDUSTRY FOR MOST OF WORKING LIFE! Severn EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 17EM 18. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORWARM 3. RETAIL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE BALTIMORE, MARYLAND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL. N/A N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 2120 13a, STATE 13b. OUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN ANNE ARUNDEL SEVERN YES 7983 MILLSTONE COURT MARYLAND 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE AST CHRISTOPHER WHITE SHARON UNDERDOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 7983 MILLSTONE COURT SEVERN, MD. 21144 N/A SHARON WHITE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden infant death syndrome IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO -21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21E LOCATION STREET, FACTORY, FARM, ETC.1 AT WORK CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) 6-11-87 Assistant DATE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street M. Zane, M.D. William TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL 6/12/87 CRESTLAWN MARRIOTTSVILLE MARYLAND BP 25M 250. DATE REC'D, BY REGISTRAR 25b REGISTRAR'S SIGNATURE RUSSELL C. WITZKE FUNERAL HOMES **DHMH - 17** 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. (VR A15 ME (5))



filled

and Mental Hygiene prior to burial, cremation, or removal

morked or Item 18 shows any

| | 1 - FOR STATE REGISTRAR | DEPARTM | ENT OF HEALT | MARYLAND TH AND MENTAL HYGI TE OF DEATH | ENE REG. NO | 15 | 8 | / motor | |
|---|---|---|---------------------|---|--|--|------------|-----------------------------------|--|
| | I. DECEASED NAME FIRST | LAST | -7-11 | | AONTH DAY | YEAR | 26 HOUR | | |
| | GRACE | R | WITTITA | MS | TIT | NF 20 1 | 0.87 | 6 06 PM | |
| | 3 SEX 4.1 | RACE | 5. DATE OF BIE | DAY YEAR | 6 AGE (IN YEARS LAST BIRTI | | DER I YEAR | IF UNDER 24 HRS | |
| | Female | White | March ' | 1, 1900 | 87 | YRS. | J DATS | HOURS MIN. | |
| 1 | 70 BIRTHPLACE (STATE OR FOREIGN 76 Grafton, W.VA | USA | MARRIED WIDOWED X | NEVER MARRIED DIVORCED | 9 BALTIMORE CITY OF | | CLINT | V MD. | |
| 4 | GLEN BURNIE | . NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS NORTH ARTINDET | HOSPIT | | 12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Homemake) | WORKING LIFE) IN | | BUSINESS OR | |
| | USUAL RESIDENCE IF NURSING HOME OR OTH 130. STATE 135 COUNTY Maryland AA | 13c CITY OR TOWN | nie 13d. | s 🗌 но 🗶 | 13e.STREET ADDRESS / 404 Centra | zip code a 1 Avenu | e, S. | .W. 21061 | |
| | Abner | Boylen | 15. 7 | Mary | MIDDLE MIDDLE | | LAST N | 4 | |
| | 160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W. | | | nformant Edgar Willia | addresums, Jr., 10 | ule | aller | | |
| | PART I. DEATH WAS CAUSED B | gove rise to immediate | | | | | | | |
| | underlying couse lost. PART 2. OTHER SIGNIFICANT CON | (CAN | | RELATED TO THE TERMI | NAI DISEASE OF COND | ITION GIVEN IN | PART 1/2 | | |
| ١ | ≥ Incarcer | | al H | erma | THE DISEASE ON COND | INOIN GIVEIN IN | TAKI 110 | | |
| | 190 DATE OF OPERATION 6.16.77 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH C | | Wishin | 200 AUTOPSY? | 20b. IF YES, WER IN CERTIFYING YES | CAUSES (| GS USED OF DEATH? NO | |
| 7 | | 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. | | HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY | IN ITEM 18 PART I O | R PART 2) | | |
| | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR | | LOCATION | CITY OR TOW | 'N C | OUNTY | STATE | |
| | sow the deceased alive on above, (1) (we) (did) (did not) vi | 6.20 19 8 | 5:13 7_, ond the | ot in (my) (our) opinion d | _, .0 | te and hour and | 7 | hat (I) (we) last ouses stated | |

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

should be detoched for use os with the State Dept. of Health IMPORTANT: If Item 21 is BP DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

TO FUNERAL DIRECTOR: After this certificate has been

24. FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

June 25,87

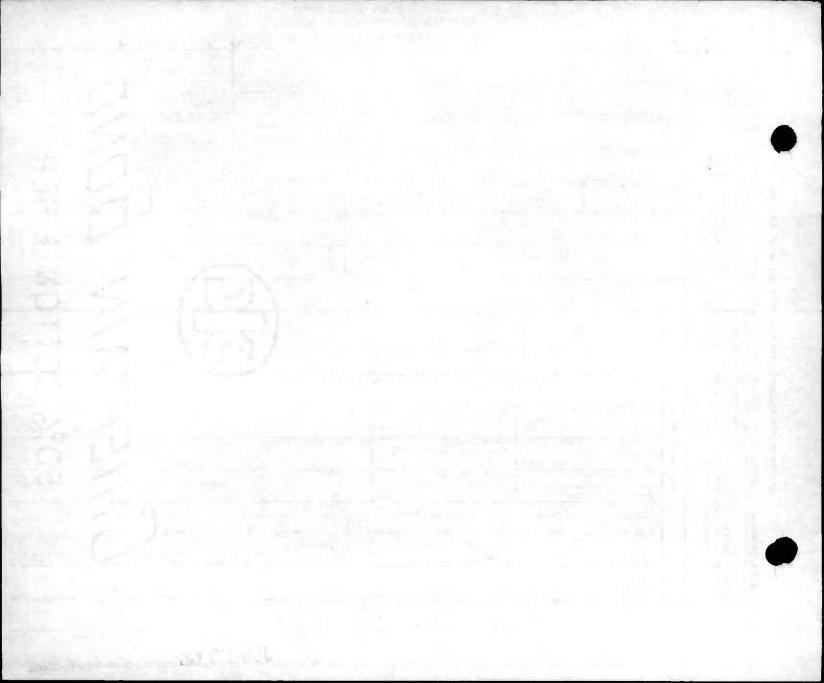
Grafton, Bluemont Cemetery W.VA 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUN 23 1087

300 HOSPITAL DRIVE SUITE 230

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

| The | | | | 455 |
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| ataolo ine locate | | | | 17/253 |
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| more aligned | | | 198 | |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 7s. DATE OF DEATH WILLIAMS JUNE 5 DATE OF BIRTH & AGE (INVITABLE) LAST BUTHOAY! and the star 1917 Dec. BALTIMORE CITY OR COUNTY OF DEATH MARRIED E NEVER MARRIED ANNE ARUNDEL COUNTY WIDOWEDT DIVORCED [17k KIND OF BUSINESS OF CTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY County Govt. Electrician NO X 2 255 Mallard Drive, 21122 THE INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME Moeller Williams Anna 17. INFORMANT Doris Williams . same as 13 BETWEEN ONSET AND DEATH

- STATE I - REGISTRAR DECEASED NAME THE OWNER. JOHN 4. RACE 3. SEX White Male REBUTHPLACE ESTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? country Md. U.S.A. & CITY OR TOWN OF DEATH Anne Arundel Pasadena Md. 4 FATHER'S NAME John the WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. I 19 YES GIVE WAR ON DATEST 215-10-0731 II CAUSE OF DEATH | Enter only one course por limp for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate couse to storing the underlying couse The AUTOPSYT 266 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT The ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY THE HOW INJURY OCCURRED. I CAMER MATURE OF PRIMER PART I OR PART I OR PART I HOUR A.M. MONTH DAY YEAR OR CONTRIBUTINGS TO CAUSE OF DEATH OF STRUCK INCOME MEDICAL PRANCES. TIE PLACE OF INJURY 711 LOCATION **EDUNT** CITY OF TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, STC.) WHISE D NOT WORK D 22s.1 pertify that (I) (this haspital) attended the deceased from saw the deceased alive on, at that in (my) (aur) apinion death occurred on the date and hour and from the course stated DEGREE MEDICAL ATTENDING STAFF PHYSICIAN I DIRECTOR! PHYSICIAN ORTANT 27e ADDRESS 206 CRAIN HWY GLEN BURNIE MARYLAND SUBONG MS 731 NAME OF CEMETERY OR CREMATORY 23s BURIAL CREMATION, REMOVAL 73h, DATE mer Burial 6-17-87 Glen Burnie. Anne Arundel STATE Md. Glen Haven 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21122 Mc Cully F.H. 3204 Mountain Rd. Pasadena, Md. Julia Decider.

DHMH - 16 60M 7/84 (VRA 15, 4)

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Raymond C. Fink Glen Burnie, Md. 21061

- STATE

REGISTRAR 1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

FIRST

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a DATE OF DEATH

26 HOUR

Md"

REGISTRAR 255 REGISTRAT SIGNATURE

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The state of the s

7 7

| STATE OF MARYLAND | 6 |
|---------------------------------|---------|
| DEPARTMENT OF HEALTH AND MENTAL | HYGIENI |
| CERTIFICATE OF DEATH | |
| | |

| REG. NO. 5 8 | | |
|--------------|---|--|
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| 055727300 | CEPTIFICATE OF DEATH | | | | | |
|--|---|---|--|--|--|--|
| | REGISTRAR 1. DECEASED NAME FIRST | MIDDLE | LAST | REG. NO. | | |
| pe de la | (TYPE OR PRINTFrances | Elizabeth | Woodfield | 6- | -3-87 M | |
| ge 4 moy | 3. SEX Female | White | DATE OF BIRTH April 26 1920 | 6 AGE (IN YEARS LAST BIRTHDAY | r) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS | |
| eoth. Po | BIRTHPLACE (STATE OR FOREIGN Maryland | UDA | MARRIED NEVER MARRIED MINORCED X | Anne Arunde | | |
| on softer of | Annapolis | 11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI Anne Arundel Gem | RESS) | 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Sales Clerk | 12b. KIND OF BUSINESS OR INDUSTRY Retail | |
| BALTIMORE, MARYLAND 2120' ote be executed within 24 hours sistion and completely filled in the ppers. Pages 1 and 28 hourd to this vol. it, the medical examples must be at the filled in the post. | USUAL RESIDENCE (IF NURSING HOME C 13a. STATE 13b. COL | PROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADAINTY 131. CITY OR TOWN Co. Shady Sid | 113d. INSIDE CITY LIMITS? | 13e.STREET ADDRESS / ZIF 1477 Niemar | CODE 20764 | |
| ompletely of Skill | 14. FATHER'S NAME FIRST John L | MIDDLE LAST ewis Nieman | 15 MOTHER'S MAIDEN NA Elizabeth | | Rogers | |
| IMORE, in ond co | | RMED FORCES? 166. SOCIAL SECURITY VE WAR OR DATES) 220-09-24 | | ADDRESS all 4509 Coll: | Virginia 23321 ins St. Chesapeake | |
| W. PRESTON ST., the death certific the attending ph se remove carbon pi cremation, or remo wher troumatic even | PART I. DEATH WAS CAUS | DUE TO, OR AS A CONSEQUENCE | pravy Esem | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 20 ses | | CONDITIONS CONTRIBUTING TO DEA | ITH BUT NOT RELATED TO THE TERM | | | |
| TAL RECOR | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196. CONDITION FOR WHICH OP | ERATION WAS PERFORMED | | B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO | |
| N OF VI | OR CONTRIBUTING CAUSE OF D | ER) P.M. | YEAR 19 211 LOCATION | RED (ENTER NATURE OF INJURY IN | ITEM 18 PART) OR PART 2) | |
| DIVISION ING PHY r offendi After this os the bu ith ond M orked or | AT WORK AT WORK | 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM | | CITY OF TOWN | COUNTY STATE | |
| ATTEND hospitol or NRECTOR: vieled for use Pept. of Hear 21 is mitten | sow the deceased alive a | n 3 19 8 of lew the body ofter death. | , 17 | death accurred on the date of | and hour and from the couses stated 22c. DATE SIGNED | |
| | 22d, PHYSICIAN S NAME (1717) | OU. | ATTENDING PHYSICIAN A 22e. ADDRESS | MEDICAL STAFF DIRECTOR PHYSICIAN | 6/4/87 | |
| TO HOSPITAL OF TO HOSPITAL OF THE STORY OF WHITH HE STORY OF THE STORY | 230. BURIAL, CREMATION, REMOVA | .L 23b DATE 23c NAA | ME OF CEMETERY OR CREMATORY | 23d LOCATION | | |

DHMH - 16 60M 7/84 (VRA 15, 4)

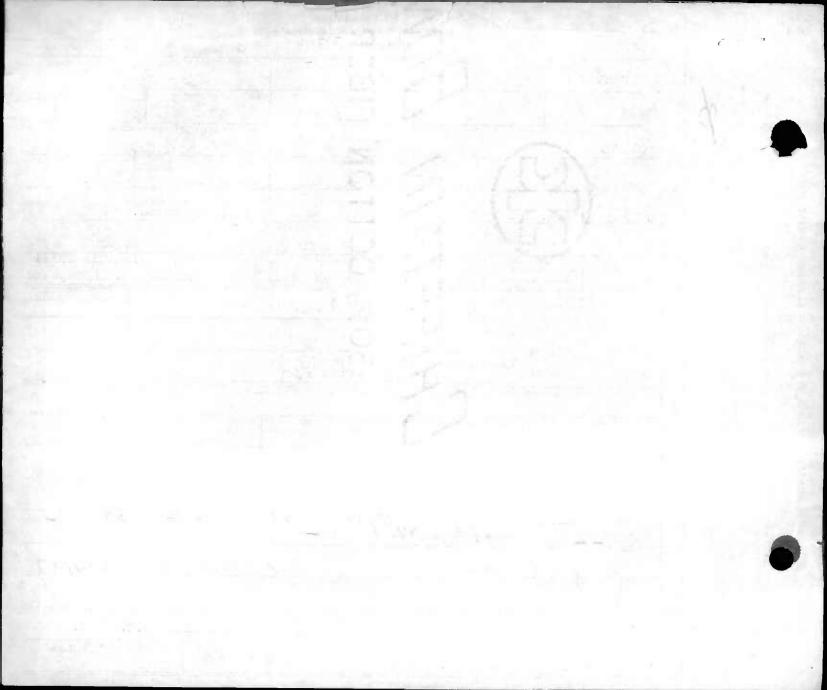
Burial

6-7-87

Woodfield Cemetery

74 FUNERAL DIRECTOR
T. A. Hardesty Annapolis, Md. 21401

JUN 5 1987



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN V MONTH (TYPE OR PRINT) OF DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY Hazelton, Pa. WIDOWED W DIVORCED USA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE Ret .- Carpenter HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pasedena Md. 13d. INSIDE CITY LIMITS? (0 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDLE TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PORT OF UNERFORD BE FORWARDED TO THE CHIEF ABOUT SHOULD BE WOULD WITH AND MENTAL HYGIENE, DIVISION OF WITH BANTIMORE, MARYLAND, 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL. FIRST 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Balto. Md.21206 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Wycocki, Sr. 5719 Benton Hghts. 202-05-1904 No Eugene P. 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME 211, LOCATION STREET, FACTORY, FARM, FIC.1 STREET CITY OR TOWN WHILE NOT WHILE AT WORK AT WORK X 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes death resulted fram: Accident Undetermined manner Hamicide EXAMINER'S NAME William P. Jones, M.D. ADDR 695 America Crt. Davidsonvile, Md. TYPE OR PRINT 230 BURIAL, CREMATION REMOVAL 23b, DATE (SPECIFY) Burial Baltimore, Maryland Gardens of Baith Cemetery

7-3-87

- STATE

07/84

25M

BP

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Vb HOUR

2d HOUR

1987

17h KIND OF BUSINESS OR INDUSTRY

Local #101

LAST

20 AUTOPSY?

COUNT

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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NO W

STATE

BETWEEN ONSET AND DEATH

1728

The state of the s A THE RESERVE OF THE PARTY OF T Commence What Devenue House of Commence of my AR mondered Com the Paris The William Brown Comment in the The same and the same of the s

death. Poge 4 may be

executed within 24 hours after

certificate be

injury, ar other traumatic event, the medical

the ottending physicion and remove carbanaapers. Pages

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physic should be detached for use as the burnol-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burnal, cremation, or remaval.

MPORTANT: If Item 21 is marked ar Item 18 shows ony

FOR

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

| REGISTRAR | | CE | KITHICATE OF | DEATH | REG. NO. | 1 3 | 0 0 | 3 |
|--|--|--|---|----------------|------------------------------|---------------------------------------|---------------|---------------|
| 1 DECEASED NAME | FIRST | MIDDLE | LAST | | | YAD HTMC | YEAR 2 | b. HOUR |
| Eug | ene | Charles Z | immerman | Jr. | Jun | e 5, | 1987 | 150g M |
| 3. SEX | 4 RACE | | ATE OF BIRTH | VEAR | 6 AGE IN YEARS LAST BIRTHE | DAY) IF UP | TOER TIEFRE | FUNDER 24 HRS |
| Male | White | . De | ec. 17, | 1922 | 64 | YRS. | HS DATS F | MIN MIN |
| 70. BIRTHPLACE (STATE OR FORE | IGN 76 CITIZEN OF | WHAT COUNTRY? 8 | ARRIED X NEVE | R MARRIED | 9 BALTIMORE CITY OR | COUNTY OF | DEATH | |
| Maryland | US | | | DIVORCED [| Anne Arundel Co. MD. | | | |
| 10 CITY OR TOWN OF DEATH | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) | | 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | | | | | |
| Millersville | | | | Manager | | Body S | hop | |
| USUAL RESIDENCE (IF NURSING | HOME OR OTHER INSTITUTION | I 130. CITY OR TOWN | | CITY LIMITS? | 13e STREET ADDRESS | | | |
| Maryland | A A Co. | Millersvil | le YES 🗆 | NO X | 8324 Harps | Court | 211 | 80 |
| 14 FATHER'S NAME | WIDDLE | LAST | 15 MOTHE | R'S MAIDEN NA | ME | | LAST | |
| Eugene | Charles | Zimmerman, | | Annie | М. | | Grzyb | ows |
| 160 WAS DECEASED EVER IN | U.S. ARMED FORCES? | 166 SOCIAL SECURITY | NO. 17 INFORM | MANT (Wife |) ADDRES | S | | |
| Yes | WWII | 215.18.9748 | | ha G. Zi | - | Same a | s #13 | |
| Conditions, if ony, y gove rise to imme couse (0), stating underlying couse | DUE TO, (b) | Adena cave or asia consequence or asia consequence | ofpulm | n | emboli erusclerusii | 15 | 2-3 11 | MONTE |
| | ICANT CONDITIONS | ONTRIBUTING TO DEATH | BUT NOT RELAT | ED TO THE TERM | INAL DISEASE OR COND | TION GIVEN | N PART 10 | |
| 190 DATE OF OPERATY | DN 19b. CONE | DITION FOR WHICH OPER | RATION WAS PERI | FORMED | | 20b. IF YES, W IN CERTIFYIN YES | G CAUSES O | |
| 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOT IFY MEDICAL) 21d. INJURY OCCURRE | JSE OF DEATH HOUR | OF INJURY I.M. MONTH DAY Y I.M. | rear 19 | | ED (ENTER NATURE OF INJURY | IN ITEM 18, PART 1 | OR PART 2) | |
| WHILE AT WORK AT WORK | (AT HOME, S | OF INJURY TREET, FACTORY, OFFICE, FARM, E | 21f LOCA STRE | | CITY OR TOWN | | COUNTY | STATE |
| 220.1 certify that (I) (I) to use the deceased above (II) we) (did 7% SIGNATURE | his hospital) ettended t give on 1 (ded not view) his and | he deceased from y other death. | ond that i (m | | death occurred on the dot | | d from the co | |
| me III | 1 has had 1 | 2/2/1/ | 4 | ATTENDING | MEDICAL STAFF | | 6/1 | 1(1) |

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital ar ottending physicion.

DHMH - 16 50M 1/76 (VR A 15 (4))

23b. DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial June, 9

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

13d. LOCATION Maryland Vet. Cemetery Crownsville

COUNTY

STATE Co. Md.

24. FUNERAL DIRECTOR NAME Home Singleton Funeral Glen Burnie, Maryland

1987

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JUN9 1987 Julia Dioidean Re

